

# Florianopolis, Brazil – Current Concepts in Spine Deformity

Application for Exhibit Space, Workshops, and Support – Deadline January 15, 2020

## We agree

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1. Payment in full by January 15, 2020 must accompany this application. The cost of each tabletop exhibit space is \$3,000. Payment may be made by bank transfer (contact SRS office for information) or checks made payable to Scoliosis Research Society.
2. Payment of exhibit fee and acceptance of exhibit assignment will constitute agreement to abide by all Rules and Regulations, and General Information as supplied by SRS at the time of assignment.
3. Each company may request up to two (2) workshop times, indicating a first and second choice. Full payment for one workshop must be received by January 15, 2020 in order to confirm.
4. Workshops will be assigned by SRS on a first come, first serve basis, with each company receiving one workshop in the first assignments. If there are any workshop times remaining on January 16, second choice assignments will be made according to dates applications were received.
5. Companies agree to abide by all Rules and Regulations, as provided by SRS with confirmation of receipt of Exhibit & Workshop Application.
6. Cancellation: All cancellation and refund requests must be made in writing. A refund, less a 25% administration fee, will be provided for exhibit or workshop cancellation on or prior to February 3. No refunds will be issued for cancellation after February 3

PLEASE RETAIN A COPY OF THIS CONTRACT FOR YOUR FILES and return this original application with the appropriate payment information to:

**Scoliosis Research Society**  
555 E. Wells Street, Suite 1100  
Milwaukee, WI 53202  
Phone: +1-414-289-9107 Fax: +1-414-276-3349  
Email: corporatesupport@srs.org

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

## Contact Details

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Contact listed here will receive all exhibition and workshop related correspondence, including invoices, logistics, Exhibitor Service Kits, booth personnel registration information, etc.

Contact Name: \_\_\_\_\_

Contact Telephone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

Contact Email: \_\_\_\_\_

Company Details (List all information below exactly as it should appear in the Final Program.)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Country: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_

## Exhibits:

Number of Exhibits Requested \_\_\_\_\_ (\$3,000 USD each\*)

Competitors we do NOT wish to be near: \_\_\_\_\_

Companies we would like to be near: \_\_\_\_\_

## Workshop Requests:

First Choice:  Day 1 - \$3,000  
 Day 2 - \$3,000

The assignment of exhibit and workshop space will be at the sole discretion of SRS, based on date of receipt of application and space availability.

## Marketing & Grant Support:

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Marketing:

Delegate Packet Insert - \$750

Grant Support:

Beverage Break - \$500

Welcome Reception - \$1,500

Educational Grant - \$\_\_\_\_\_