

EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **Radial Artery Access for Non-Coronary Interventions Symposium**

ACTIVITY DATE: **April 25, 2025**

COURSE CODE: **25MN01**

RUTGERS-CCOE CONTACT: **Keisha Ferguson**

EMAIL: **henderkc@rutgers.edu**

COMPANY INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

BUSINESS PHONE: _____ E-MAIL: _____

<input type="checkbox"/> \$2,000.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
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PAYMENT BY CHECK

Make check payable to Rutgers, The State University and mail to:

Center for Continuing and Outreach Education
 Rutgers Biomedical and Health Sciences
 30 Bergen Street, ADMC 7, Newark, NJ 07101-1709
 Attention: Keisha Ferguson

PAYMENT BY CREDIT CARD

Visit <https://rutgers.cloud-cme.com/RU2025RadialAccess>

Click “**Exhibitors**” then “**Exhibit at this Event**” and complete the registration process.

Please complete and return this form, **REGARDLESS OF FORM OF PAYMENT**,
 along with the signed Exhibitor Agreement,
 by email to Keisha Ferguson at henderkc@rutgers.edu