

Center for Continuing and Outreach Education New Jersey Medical School Robert Wood Johnson Medical School 65 Bergen Street, Suite 1218 Newark, NJ 07101-1709

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## **EXHIBITOR REGISTRATION FORM**

## **ACTIVITY INFORMATION**

ACTIVITY TI	TLE: 2 <sup>nd</sup> Annua	al Heart of the Matter: Case-B	ased and Hands-Or	n Experience for the Echo Lab T	ſeam
ACTIVITY DATE: September 13, 2025			COURSE CODE: 26MR02		
RUTGERS-CCOE CONTACT: Keisha Ferguson			EMAIL: keisha.ferguson@rutgers.edu		
COMPANY 2	INFORMATIO	DN			
COMPANY NA	ME:				
CONTACT PER	RSON:				
BUSINESS AD	DRESS:				
CITY:			STATE:	ZIP:	
BUSINESS PHONE: E-MAIL:					
\$2,500.00	1 Table	Exhibitor/Attendee Name Exhibitor/Attendee Name Exhibitor/Attendee Name Exhibitor/Attendee Name			
\$4,000.00	2 Exhibitors 2 Tables				
\$5,000.00	4 Exhibitors 3 Tables				
	5 Exhibitors	Exhibitor/Attendee Name			

## 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 65 Bergen Street, Suite 1218, Newark, NJ 07101-1709 Attention: Patrick Dwyer PAYMENT BY CREDIT CARD Visit https://rutgers.cloud-cme.com/NJEcho2025 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 keisha.ferguson@rutgers.edu