

EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **Innovations and Trends in Cardiovascular Care**

ACTIVITY DATE: **October 18, 2025**

COURSE CODE: **26MR06**

RUTGERS-CCOE CONTACT: **Keisha Ferguson**

EMAIL: **keisha.ferguson@rutgers.edu**

COMPANY INFORMATION

COMPANY NAME: _____

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<input type="checkbox"/> \$3,500.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
<input type="checkbox"/> \$5,000.00	2 Tables 4 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
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 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