RUTGERS HEALTH

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EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **The Inaugural New Jersey Epilepsy Symposium: Innovations in Medical and Surgical Management Across the Lifespan**

ACTIVITY DATE: **November 21, 2025** COURSE CODE: **26MR08**

RUTGERS-CCOE CONTACT: **Keisha Ferguson** EMAIL: **keisha.ferguson@rutgers.edu**

COMPANY INFORMATION

COMPANY NAME: _____

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☐ $2,500.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
☐ $4,000.00	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