

EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **Comprehensive Management of Portal Hypertension:
From Risk Stratification to Advanced Care**

ACTIVITY DATE: **May 2, 2026**

COURSE CODE: **26MN09**

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"/> \$2,500.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
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Center for Continuing and Outreach Education
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 65 Bergen Street, Suite 1218, Room 1222, Newark, NJ 07101-1709
 Attention: Keisha Ferguson

PAYMENT BY CREDIT CARD

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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 henderkc@rutgers.edu