RUTGERS HEALTH

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EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

ACTIVITY TITLE: **SAGE - Symposium for Advances in Gastroenterology and Endoscopy**

ACTIVITY DATE: **September 26, 2026** COURSE CODE: **27MC01**

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

COMPANY INFORMATION

COMPANY NAME: _____

CONTACT PERSON: _____

BUSINESS ADDRESS: _____

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BUSINESS PHONE: _____ E-MAIL: _____

☐ $5,000.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
☐ $7,500.00	2 Tables 4 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____

PAYMENT BY CHECK

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

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Attention: Patrick Dwyer

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Visit **https://rutgers.cloud-cme.com/2026SAGE**

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