



RUTGERS HEALTH

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EXHIBITOR REGISTRATION FORM

ACTIVITY INFORMATION

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

ACTIVITY DATE: **October 17, 2026**

COURSE CODE: **27MR02**

RUTGERS-CCOE CONTACT: **Keisha Ferguson**

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COMPANY INFORMATION

COMPANY NAME: _____

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☐ \$3,500.00	1 Table 2 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
☐ \$5,000.00	2 Tables 4 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____
☐ \$7,500.00	3 Tables 5 Exhibitors	Exhibitor/Attendee Name _____ Exhibitor/Attendee Name _____

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Click “**Exhibitors**” then “**Exhibit at this Event**” and complete the registration process.

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along with the signed Exhibitor Agreement,
by email to Keisha Ferguson at keisha.ferguson@rutgers.edu