# EXHIBITOR REGISTRATION FORM

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| ACTIVITY INFORMATION |

ACTIVITY TITLE: **The Tenth Evidence-Based Pediatric Update Symposium**

ACTIVITY DATE: **November 4, 2023** COURSE CODE: **24MR01**

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

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| COMPANY INFORMATION |

COMPANY NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CONTACT PERSON: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CITY: STATE: ZIP: \_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| [ ]  $2,000.00 | 1 Table2 Exhibitors | Exhibitor/Attendee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exhibitor/Attendee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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| PAYMENT BY CHECK Make check payable to Rutgers, The State University and mail to:Center for Continuing and Outreach EducationRutgers Biomedical and Health Sciences30 Bergen Street, ADMC 7, Newark, NJ 07101-1709Attention: Keisha Ferguson |
| PAYMENT BY CREDIT CARD Visit <https://rutgers.cloud-cme.com/RU10PediatricSymposium>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 |