# EXHIBITOR REGISTRATION FORM

|  |
| --- |
| ACTIVITY INFORMATION |

ACTIVITY TITLE: **The 34th Annual Department of Otolaryngology – Head & Neck Surgery Alumni Day Symposium: Updates in Head and Neck Surgery**

ACTIVITY DATE: **June 26, 2024** COURSE CODE: **24MN16**

RUTGERS-CCOE CONTACT**: Victoria General** EMAIL: **general.vic@rutgers.edu**

|  |
| --- |
| COMPANY INFORMATION |

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

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

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

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

BUSINESS PHONE: E-MAIL:

|  |  |  |
| --- | --- | --- |
| [ ]  $1500.00 | 1 Table2 Exhibitors | Exhibitor/Attendee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exhibitor/Attendee Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

|  |
| --- |
| 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: Patrick Dwyer |
| PAYMENT BY CREDIT CARD Visit https://rutgers.cloud-cme.com/RU34ENTSymposiumClick “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 Victoria General at general.vic@rutgers.edu |