



2019 Annual Orthopaedic Meeting Exhibitor Order Form

Company Name: _____

Company Website: _____

Contact First Name: _____ Contact Last Name: _____

Contact Phone Number: _____ Contact e-mail: _____

30 Word Booth Description: _____

Product to be exhibited: ____ Employment Opportunities ____ Equipment ____ Other: _____

We will be conducting a drawing/raffle: ____ Prize(s): _____

All exhibitors will be recognized on the Academy of Orthopaedic Physical Therapy's website, in the Academy's magazine, *Orthopaedic Physical Therapy Practice (OPTP)*, and in the Academy's monthly e-newsletter: "*OsteoBLAST*"

PAYMENT INFORMATION: Cost - \$350/table (\$400 after March 11, 2019)

Payment type: ____ Check ____ Credit Card (please circle): VISA/Master Card/Discover/Amex

Credit Card Number: _____ Exp: _____

Name on card: _____

Billing Address _____

City: _____ State: _____ Zip: _____

Signature: _____ Date: _____

I understand that all spaces will be allocated in accordance with the procedures listed in the exhibit information. My registration, on behalf of myself and the company I represent, constitutes agreement to abide by all requirements, restrictions, and obligations noted on this form the 2019 Exhibit Invitation, and the rules and regulations attached to my registration confirmation. Company name, website and telephone number entered on this form may be printed in the materials provided to registrants.