



# EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery  
16th Annual Scientific Meeting • September 3-7, 2008 • Montreal, Quebec, Canada

**Instructions:** Please complete "Company Name" and Part 1 of this form, as well as Part 2 if applicable. Return to: ISHRS, 13 South 2<sup>nd</sup> Street, Geneva, IL 60134, USA, Fax: 630-262-1520 by **June 30, 2008**. If you have questions, please call us at 630-262-5399 or email at [info@ishrs.org](mailto:info@ishrs.org).

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

**PART 1: EXHIBITOR REGISTRATION:** *(All exhibiting companies must complete this section.)*

**A. Booth Representative Registration:**

Our four (4) complimentary company booth representatives will be:

1) \_\_\_\_\_ 3) \_\_\_\_\_  
2) \_\_\_\_\_ 4) \_\_\_\_\_

We would like to register the following additional booth representatives at \$125.00 USD each.

5) \_\_\_\_\_ 7) \_\_\_\_\_  
6) \_\_\_\_\_ 8) \_\_\_\_\_

*(list additional reps on back)*

\_\_\_\_\_ additional booth representatives x \$125 USD each = \$ \_\_\_\_\_

*Substitution & Cancellation Policy for Booth Representatives: Substitutions for company representatives (both complimentary and paid) may be made through August 4, 2008. Cancellation of additional (paid) booth representatives will be refunded for all cancellation notices received in writing before or on August 4, 2008.*

**B. Gala Dinner Tickets:**

We would like to purchase tickets for the Gala Dinner at the Venetian on Saturday/September 6, 2008.

\_\_\_\_\_ Gala Dinner tickets x \$95.00 USD each = \$ \_\_\_\_\_

*Cancellation Policy on Gala Dinner Tickets: Exhibitors may cancel and receive refunds on Gala Dinner Tickets provided written cancellation notice is received by August 4, 2008.*

**C. Total payment of \$ \_\_\_\_\_ USD enclosed:**

- Check payable to: *International Society of Hair Restoration Surgery*  
 Visa  Mastercard  American Express

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Signature: \_\_\_\_\_

**PART 2: SOCIAL FUNCTION REQUEST:** *(Please complete this section if applicable.)*

Description of Social Function: \_\_\_\_\_

# guests: \_\_\_\_\_

Date/Time: \_\_\_\_\_ Location: \_\_\_\_\_

Social Function Contact Name: \_\_\_\_\_ Co. Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail Address: \_\_\_\_\_

**NOTE:** *ISHRS approval, which may be granted or denied by ISHRS at its sole discretion, is required for all exhibitor-sponsored social functions. Social function requests must be submitted via this form by June 30, 2008.*