



# EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery  
17th Annual Scientific Meeting • July 22-26, 2009 • Amsterdam, the Netherlands

**Instructions:** Please complete "Company Name" and Part 1 of this form, as well as Part 2 if applicable. Return to: 303 West State Street, Geneva, IL 60134, USA, Fax: 630-262-1520 by **May 15, 2009**. 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. Exhibit Representative Registration:

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

1) \_\_\_\_\_ 3) \_\_\_\_\_

2) \_\_\_\_\_ 4) \_\_\_\_\_

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

5) \_\_\_\_\_ 7) \_\_\_\_\_

6) \_\_\_\_\_ 8) \_\_\_\_\_

*(list additional reps on back)*

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

**Substitution & Cancellation Policy for Exhibit Representatives:** Substitutions for company representatives (both complimentary and paid) may be made through June 22, 2009. Cancellation of additional (paid) exhibit representatives will be refunded for all cancellation notices received in writing before or on June 22, 2009.

### B. Gala Dinner Tickets:

We would like to purchase tickets for the Gala Dinner at the Koepelkerk on Saturday/July 25, 2009.

\_\_\_\_\_ Gala Dinner tickets x \$199 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 June 22, 2009.

### 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: \_\_\_\_\_ Exhibit Space #: \_\_\_\_\_

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 May 15, 2009.*