



EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery
21st Annual Scientific Meeting • October 23-26, 2013 • Hyatt Regency San Francisco

Instructions: Please complete "Company Name" and Part 1 of this form, as well as Part 2 if applicable. Return to: ISHRS, 303 West State Street, Geneva, IL 60134, USA, Fax: 630-262-1520 by **August 1, 2013**. If you have questions, please call us at 630-262-5399 or email at info@ishrs.org.

COMPANY NAME: _____

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

A. Exhibit Representative Registration:

Our four (4) company exhibit representatives will be (included with the price of one booth):

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 \$125.00 USD each = \$ _____

Substitution & Cancellation Policy for Exhibit Representatives: Substitutions for company representatives (both complimentary and paid) may be made through September 16, 2013. Cancellation of additional (paid) exhibit representatives will be refunded for all cancellation notices received in writing before or on September 16, 2013.

PART 2: PURCHASE OF OPTIONAL GALA DINNER TICKETS:

A. Gala Dinner Tickets:

We would like to purchase tickets for the Gala Dinner at the Hyatt Regency San Francisco on Saturday/October 26, 2013, 7:00PM-Midnight.

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

B. 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: _____

Cancellation Policy on Gala Dinner Tickets: Exhibitors may cancel and receive refunds on these tickets provided written cancellation notice is received by September 16, 2013.