



EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery
22nd Annual Scientific Meeting • October 8-11, 2014 • Shangri-la Hotel Kuala Lumpur

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, 2014**. 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) _____

NOTE: Four representatives per booth is the maximum – additional reps badges may no longer be purchased.

Substitution & Cancellation Policy for Exhibit Representatives: Substitutions for company representatives may be made through September 10, 2014.

PART 2: PURCHASE OF OPTIONAL GALA DINNER TICKETS:

A. Gala Dinner Tickets:

We would like to purchase tickets for the Gala Dinner at the Shangri-la Hotel Kuala Lumpur on Saturday/October 11, 2014, 7:00PM-12:00 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 10, 2014.