



# EXHIBITOR INFORMATION FORM

International Society of Hair Restoration Surgery  
23<sup>rd</sup> Annual Scientific Meeting • September 9-13, 2015 • Hilton Chicago

**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: 1-630-262-1520 by **July 1, 2015**. If you have questions, please call 1-630-262-5399 or email [info@ishrs.org](mailto:info@ishrs.org).

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

## PART 1: EXHIBIT PERSONNEL REGISTRATION:

All exhibiting companies must complete this section.

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 rep badges may not be purchased.

Although there is a limit of 4 badges per booth, if you will have more representatives on-site who will swap-in and swap-out, then the ISHRS can process additional badges for them, but only 4 representatives will be allowed in the exhibit hall at a time. All planned booth representatives must be approved in advance. Badges are to be picked up at the ISHRS registration desk will be located in the Normandie Lounge (adjacent to the Grand Ballroom/General Session) at the Hilton Chicago. Meeting venue information will be included in the program book and in your confirmation letter.

**Substitution & Cancellation Policy for Exhibit Representatives:** Substitutions for company representatives may be made through August 10, 2015.

## PART 2: PURCHASE OF GALA DINNER TICKETS (OPTIONAL):

### A. Gala Dinner Tickets:

We would like to purchase tickets for the Gala Dinner at the Hilton Chicago on Saturday/September 12, 2015, 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 August 10, 2015.