



NORTH AMERICAN SKULL BASE SOCIETY

EXHIBITOR APPLICATION FORM

We, the undersigned, apply for technical exhibit space at the North American Skull Base Society Annual Meeting to be held February 17-19, 2012 at Planet Hollywood Resort & Casino in Las Vegas, Nevada. By signing below, you agree to accept the conditions, rules, regulations, terms and policies printed in the Exhibitor Prospectus, which form part of this agreement.

EXHIBITOR INFORMATION

Please indicate company information exactly as it should appear in all official publications.

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ Email: _____

CONTACT INFORMATION

Pre-show Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

Onsite Contact: _____ Title: _____

Phone: _____ Fax: _____ Email: _____

EXHIBIT RESERVATION

Included in your exhibit fee are **8' high background drape, 3' high side drape, one (1) 7" x 44" one-line identification sign (company name and booth number), one (1) 6' draped table, two (2) side chairs, and one (1) wastebasket.** Additional items may be purchased in your exhibitor kit that will be sent to you.

Yes, please reserve ____ 8' x 10' booth(s) **Total Cost of Booth: \$3,300 (Before Sept 30, 2011); \$3,500 (after Sept 30, 2011)**

We prefer not to be in proximity to the following exhibitors (please list no more than two):

Booths will be assigned at the sole discretion of show management and will be based on the date that the Application is received and consideration of competition. Floor plan will be provided. No specific booth guarantees will be made until payment is received.

Signature _____

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the **NASBS Exhibitor Prospectus** and kit, and have read the rules and agree to distribute them to those involved with your booth.

PAYMENT SCHEDULE:

50% Deposit is due upon receipt of application. **Balance is due by December 2, 2011. Please make check payable to NASBS**
Credit Cards accepted are Visa or MasterCard

Check Enclosed Credit Card Payment: CC# _____ Exp. ____ / ____ / ____

Card Holders Name: _____ Card Holders Signature: _____

Please complete and return this application to: Jenay Root, NASBS, 11300 W. Olympic Blvd, Suite 600, Los Angeles, CA 90064 or via fax: (310) 437-0585.