FFAS
FOUNDATION FOR FACIAL AESTHETIC SURGERY
25 years

25TH STATE-OF-THE-ART IN FACIAL AESTHETICS SYMPOSIUM

MARCH 1-4, 2018, HILTON NEW ORLEANS RIVERSIDE

APPLICATION FOR EXHIBIT SPACE

BUSINESS CONTACT INFORMATION			
Company Contact & Position:			
Company Name:			
Phone:	Fax:	E-mail:	
Company address:			
City:		State:	ZIP Code:
Prime Space $3500	**Premium Space $3000**	**Standard Space $2500 (additional spaces 20% discount)**	
1st Choice #	2nd Choice #	3rd Choice #	
EXHIBITOR REGISTRANTS (two included with fee, additional reps $275 each)			
Representative Name:			
Telephone:	Fax:	E-mail:	
Representative Name:			
Telephone:	Fax:	E-mail:	
Representative Name: (@ $275)			
Telephone:	Fax:	E-mail:	
Representative Name: (@ $275)			
Telephone:	Fax:	E-mail:	
PAYMENT INFORMATION			
Company Name:			
Card Holders Name:			
Billing address of credit card:			
City:		State:	ZIP Code:
Phone:	Fax:	E-mail:	

Type of card: VISA MasterCard American Express Discover Check#

Card Number Expiration Date Security Code Amount to be charged

Please note: No processing fee for checks, an additional 3% processing fee will be added to all credit card charges.

Signature _____

☐ By checking this box, I attest that the completed information is accurate. Please accept this as my signature and authorization to charge the credit card for the exhibit space fee.

AGREEMENT

As an authorized representative of the company named above, I have read the rules and regulations outlined in the prospectus. I understand and agree to accept and abide by those rules and regulations adopted by FFAS for the conduct of the symposium. The acceptance of our application by the FFAS and the payment for rental charges constitute a contract. I understand that in the event the Symposium is canceled due to Acts of God, Acts of Terrorism, or any kind of state or national emergency, only a partial refund will be made, less a prorated share of expenses actually incurred by FFAS in connection with the Symposium. Exhibitor shall accept such refund in full settlement of all loss or damage suffered by Exhibitor. I understand that there are no cancellations after February 1, 2017 and NO EXCEPTIONS WILL BE MADE, due to the rental and location of this event.

Full payment must accompany the application for space. No applications will be processed without full payment. Check or charge card information must accompany this form. Make check payable to FFAS. If paying by credit card, please indicate amount to be charged. No processing fee for checks, an additional 3% processing fee will be added to all credit card charges.

Make Check payable to:
FFAS or Foundation for Facial Aesthetic Surgery
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Germantown TN 38138

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