EXHIBITOR REGISTRATION FORM

58th ANNUAL MEETING - NEW ENGLAND SOCIETY of PLASTIC and RECONSTRUCTIVE SURGEONS

June 2 - 4, 2017 — Sea Crest Beach Hotel, North Falmouth, Massachusetts

THIS FORM MAY BE PHOTOCOPIED. PLEASE TYPE OR PRINT LEGIBLY.

NUMBER OF EXHIBITORS ATTENDING MEETING	
EXHIBIT TABLE, FIRST CHOICE	
EXHIBIT TABLE, SECOND CHOICE	

See Exhibit Area Floor Plan to help you make your selections.

$1,800 Tables - 8, 9, 10, 11, 12, 13

$1,300 Tables - 1, 2, 3, 5, 6, 7, 14, 15, 16 17, 18, 19, 20, 21, 22, 23, 24, 25

Friday - June 2, 2017

Welcome Reception - 6:00PM - 7:00PM

# Adults Attending:	
# Children Attending:	

Dinner Buffet - 7:00PM - 10:00PM

# Adults Attending:	
# Children Attending:	

Saturday - June 3, 2017

Georges Bank Dinner Buffet-7:00PM-10:00PM

Adults - # Attending:	
Children / Young Adults	
Children, 11-16 - # Attending:	
Children, 3-11 - # Attending:	
Children, 0-3 - # Attending:	

There's No Charge for Children 0-3

See General Information from Charlotte for details.

DEADLINE FOR EARLY REGISTRATION - APRIL 28, 2017

New England Society Shirts and Vests

Return your Completed Shirts & Vests Order Form with your Registration Form. Shirts & Vests can be picked up at the meeting.

GENERAL INFORMATION

COMPANY NAME	
Representative Name	
(Main Contact for Company)	
Address	
City	
State	ZIP
Phone Number	
FAX Number	
Email Address	
Nickname for Badge	
Spouse/Guest	
Nickname for Badge	

Additional Badges *(if more are needed, please send an e-mail to Charlotte)*

A-Full Name	
A-Nickname	
B-Full Name	
B-Nickname	
C-Full Name	
C-Nickname	

EXHIBITOR FEE	**$ 1,300.00**	**$ 1,800.00**

The Exhibitor Fee covers exhibit space & all functions for 2 adults [reps], EXCEPT for 'Formal' Saturday Night Dinner.

If more than two adults,	Before 4/28	After 4/28	On-Site
Exhibitor Saturday Nite	$ 150.00	$ 175.00	$ 200.00
Spouse/Guest	$ 225.00	$ 275.00	$ 325.00
Children / Young Adults	$ 75.00	$ 90.00	$ 105.00
Children 11-16	$ 45.00	$ 60.00	$ 75.00
Children 3-11	$ 25.00	$ 40.00	$ 55.00

TOTAL EXHIBITOR TABLE FEES	
TOTAL ADULT SAT NIGHT FEES	
TOTAL GUEST FEES	
TOTAL CHILDREN DINNER FEES	
TOTAL CHILDREN FEES	
TOTAL FOR SHIRTS/VESTS	
TOTAL FEES	**$**

(Fed ID #23-7367480)

Make checks payable to, and Mail to:

N.E.S.P.R.S.
Charlotte A. Constantian, Admin. Dir.
19 Tyler Street, Suite 302
Nashua, NH 03060

HAVE YOU…

① **MADE YOUR SEA CREST BEACH HOTEL RESERVATIONS?**

② ***COMPLETED THE SHIRTS AND VEST ORDER FORM (IF APPLICABLE)?***

③ **COMPLETED THIS ENTIRE FORM?**

If using a credit card, complete the information below and FAX this registration to **603-880-6660**.

Please charge the above amount to my

❒ *MasterCard* ❒ *VISA* ❒ *American Express*

Credit Card # _____ - _____ - _____

Exp. Date _____ / _____

3- or 4-Digit Auth. Number (On the Front or Back of Card) - _____

PRINT Name as it Appears on Card _____

Billing Address: _____

City: _____ State: _____ ZIP Code: _____

Cardholder acknowledges receipt of services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature _____