



## Application for Booth Space

**Please Complete Application and Return with Payment**

**8 Foot Table-Top Display: \$10,000** (2 complimentary full meeting badges, including the welcome reception)

*\*The application for complimentary full meeting badges will be supplied upon submission of this application*

Company \_\_\_\_\_

Full Address \_\_\_\_\_

Website URL \_\_\_\_\_

Primary Contact \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

Will you be attending the Welcome Reception on 9/8/2020? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list the number of company representatives \_\_\_\_\_

**Payment Policy: 100% payment is due upon submission of exhibit space application**

**Method of Payment:** \_\_\_\_\_ Check \_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

**Make checks payable to MediaSphere Medical.** Completed application may be **MAILED** to:

MediaSphere Medical, 1101 N. Kings Highway, Suite 440, Cherry Hill, NJ, 08034.

**EMAILED** to [exhibits@epfellowssummit.com](mailto:exhibits@epfellowssummit.com) or **FAXED** to 856-438-5385.

If paying by credit card, please complete the following:

Amount to be charged \$ \_\_\_\_\_

Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_ CVV / CV2 \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Zip Code \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

*Agreement: We, the undersigned, hereby submit the application for exhibit space at the Electrophysiology Fellows Summit. We acknowledge that any additional fees for production, distribution and shipping are at the expense of the exhibiting company. A signature on this application indicates understanding and agreement to comply with all policies, rules, regulation, terms and conditions in the Prospectus.*

\_\_\_\_\_  
Signature of Authorizing Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Authorizing Officer and Title (Print)