



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 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)