

# VENDOR FORM

## 21<sup>st</sup> International Symposium on the Autonomic Nervous System

Marco Island Marriott Beach Resort, Spa & Golf Club  
Marco Island, FL  
November 3-6, 2010

Vendor fee must be received by **July 15, 2010**. Vendor fee includes meeting registration (including presidential dinner) for one representative from registered vendor. All additional representatives must register for the meeting. Space is limited and will be assigned on a first-come, first-served basis. Please choose one of the following options:

- 8 Ft x 10 Ft Booth - \$3500.00**  
Exhibitor booth (8 ft deep by 10 ft wide standard pipe and drape with 8 ft high back wall and 3 ft high side rails) includes one 6 ft skirted table and two chairs.
- 6 Ft Table - \$2500.00**  
Exhibitor table includes one 6 ft skirted table and two chairs.

### Send completed form to:

Anita Zeller/Sue Paxton, Registrars, American Autonomic Society, 18915 Inca Ave, Lakeville, MN 55044, USA, Phone: 952-469-5837, Fax: 952-469-8424. Checks should be made payable to the American Autonomic Society.

- Check enclosed # \_\_\_\_\_

Visa/Mastercard are available for payment:  Visa  Mastercard

\_\_\_\_\_

Card Number

\_\_\_\_\_

Expiration Date

\_\_\_\_\_

Security Code  
(on back of card)

\_\_\_\_\_

Signature

\_\_\_\_\_

Date

Written notification of cancellation must be received by **August 15, 2010**, to obtain a refund. A \$50 handling fee will be retained on all cancellations.

**EXHIBITOR SERVICE KITS WILL BE PROVIDED UPON RECEIPT OF REGISTRATION. KITS INCLUDE SHIPPING INSTRUCTIONS, AS WELL AS ORDER FORMS FOR ELECTRICAL, TELEPHONE, AND AUDIOVISUAL SERVICE.**

LAST NAME OF ATTENDING REPRESENTATIVE	FIRST NAME	MIDDLE INITIAL	DEGREE
COMPANY/INSTITUTION	DEPARTMENT		
STREET ADDRESS			
CITY/STATE/ZIP/COUNTRY			
PHONE	FAX	E-MAIL	