

# VENDOR FORM

## 24<sup>th</sup> International Symposium on the Autonomic Nervous System

Fairmont Orchid  
Kohala Coast, the Big Island, Hawaii  
October 23-26, 2013

Vendor fee must be received by **July 15, 2013**. 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, 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, 2013**, 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	