

2018 EXHIBITOR/SPONSOR REGISTRATION FORM

MAY 3RD THROUGH 6TH 2018 - LIVONIA, MARRIOTT, LIVONIA, MI

Company name: _____

Address _____

City: _____ State: _____ Zip: _____

Contact Name: _____ Title: _____

Business Phone: _____ Fax: _____

E-Mail: _____

____ Yes we are interested in an Exhibit / Sponsorship opportunity. Please indicate your sponsorship level:

__ Diamond \$ 10,000 __ Platinum \$ 5000 __ Gold \$ 3500 __ Silver \$ 2500 __ Bronze \$ 995

Exhibition booth included with any sponsorship

Payment method: Credit card, __ MasterCard, __ Visa, __ American Express

Name of cardholder _____ Amount _____

Card # _____ Exp. Date _____

Signature: _____

__ Check: Made payable to ACLES

__ We are interested in participating and have checked the appropriate boxes. Please invoice us.

Indicate which category best describes your products or services.

__ Ambulatory services __ Implants and surgical devices __ Publications __ Anesthesia

__ Surgical instruments __ Schools and associations __ Business services and supplies

__ Laboratory and diagnostic services __ Shoes and hosiery __ Chairs, podiatric equipment

__ Medical supplies __ Skin and wound care __ Computer software and hardware

__ Orthotics and corrective devices __ Treatment therapy equipment __ Diagnostics

__ Pharmaceutical modalities __ Other

Company Representative: _____

Print Name: _____

