



Exhibitor Booth and Office Application

Name of Company *(To be listed in Program exactly as shown)*

Address

City State Zip Code Country

Company Contact Person Title

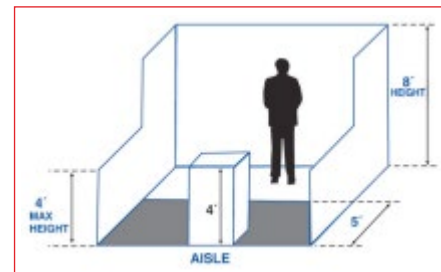
Phone Number Fax Number e-mail address

10' x 10' Booths @ \$3,700
Requested (No Limit) USD each = Total \$

10' x 10' Offices @ \$5,000
Requested (Limit 2) USD each = Total \$

Method of Payment:

Check # (US funds only) MasterCard Visa AMEX



Cardholder Name (Please Print)

Card Number CW/CVC Code Expiration Date

Cardholder Signature

I am an authorized representative of the company named above with the full power and authority to sign and deliver this application. The company listed above agrees to comply with all the policies, rules, and regulations contained in the Orthopaedic Trauma Association prospectus, and all policies, rules, and regulations adopted after the publication of the original prospectus, which we accept as part of this agreement.

Signature of Authorizing Officer, Title

Date

REGISTER ONLINE,
Fax, Email or mail to:

OTA Orthopaedic Trauma Association
9400 W. Higgins Road, Suite 305, Rosemont, IL 60018
Phone: (847)698-1631 Fax: (847)430-5140
e-mail: ota@ota.org web: www.ota.org

Booth space is assigned on a first come, first served basis.

Booth cancellations must be received in writing by September 1, 2016 and are subject to a \$500 cancellation fee.

After September 1, no refunds will be given.