



**AAPM 34th Annual Meeting
April 25-29, 2018**

Exhibitor Badge Request **(GL #5680-100)**

You are entitled to 4 complimentary exhibitor registrations per 10'x10' booth. You may enter as many booth personnel names as you need. If you have more than your allotment of names, you will have the opportunity to enter your credit card information for the additional badges.

There will be a \$25 charge for each exhibitor registration exceeding the 4-per-10'x10' booth space allotment.
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(Please Type)

Name of Exhibitor _____

Contact _____

Address _____

City/state/zip _____

Date _____ Phone (_____) _____

Email _____

(Payment)

Credit Card Type MasterCard Visa Discover American Express

Credit Card Number _____ Exp. Date _____

Total Number of Badges to be charged: _____ x \$25 each

Amount to be charged: _____

American Academy of Pain Medicine, 8735 W. Higgins Road, Suite 300, Chicago, IL 60631