



13th Symposium on
Cochlear Implants in Children
Children achieving their full potential

July 14 – 16, 2011

Sheraton Hotel, Chicago, Illinois

Non Profit Application for Booth Space

COMPANY NAME AS IT SHOULD BE PUBLISHED

CONTACT NAME (WILL RECEIVE ALL CORRESPONDENCE)

ADDRESS (NO PO BOX ADDRESS PLEASE)

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

We the undersigned, hereby apply for exhibit space at the 13th International Symposium on Cochlear Implants in Children, subject to the rules and regulations governing the exhibition as stated in the prospectus, which we accept as part of the agreement.

Website: www.ci2011usa.com

Exhibit Level

- Non profit - \$1,000 to include:
- ✓ 8' x30" draped table
 - ✓ Complimentary registration for 1 person.
 - ✓ Complimentary link and logo on the CI 2011 website.

As an authorized representative of the company named above, I have read and understand the rules and regulations outlined in the CI 2011 Exhibitors Prospectus. I understand and agree to accept and abide by those rules and regulations.

 SIGNATURE OF EXHIBIT MANAGER

 EXHIBIT MANAGER NAME (PLEASE PRINT), DATE

CI MANAGEMENT USE ONLY

BOOTH SIZE _____
 TOTAL COST _____
 DEPOSIT _____
 BALANCE DUE _____

Exhibits Contact

Laura Page, Exhibits Coordinator
 633 N Saint Clair St.
 Chicago, IL 60611-3211
Phone: 312/202-5034 **Fax:** 312/202-5003
Email: lpag@facs.org

Terms of Payment

Deposit in the amount of 50% of the total booth cost will be due on **February 18, 2011**. Notification of space will be mailed out in November.

Full Payment is due **April 8, 2011**. Failure to submit full payment by this date may result in cancellation of space and a penalty. All applications received after April 8, 2011, must be received with full payment. No applications will be processed without full payment.

Cancellation of space after **February 18, 2011**, will result in a penalty of 100 percent of the total cost of the space assigned.

Return Application and deposit to:

American College of Surgeons
 Attn: CI 2011, Laura Page, Exhibits Coordinator
 633 N. Saint Clair St., Chicago, IL 60611-3211
 Fax: 312/202-5003

- Check Enclosed:** Make all checks payable to Cochlear Implants. Checks must be drawn in U.S. dollars drawn on a U.S. bank.
- Charge the following credit card:** Cochlear Implants is authorized to charge the following credit card the fee of the exhibit level checked above.

American Express MasterCard VISA

 CARD NUMBER

 EXP DATE

 SIGNATURE