

ADDITIONAL EXHIBITOR REGISTRATION FORM

Each exhibitor booth will receive one complimentary badge. The name listed on the Exhibitor Application/Contract will be produced as the complimentary badge. **Use this form ONLY IF ADDITIONAL exhibit badges are required.** Registration fees apply to individuals listed on this form. Badges will not be produced without a completed registration form and full payment.

All information must be typed or printed neatly.

COMPANY NAME: _____

CITY: _____ STATE: _____ COUNTRY: _____

PERSON COMPLETING THIS FORM: _____

PHONE: _____ FAX: _____

E-MAIL: _____

List the first and last name of each additional exhibitor badge you require. Cost per additional exhibitor \$50.

1.) _____

4.) _____

2.) _____

5.) _____

3.) _____

6.) _____

Badges will be distributed on-site at the Registration Desk.

Total Amount Enclosed with Registration Form.....\$ _____

Payment Information

Check
If paying by check, make check payable to International Pediatric Transplant Association (IPTA). Checks must be payable in U.S. funds and drawn from U.S. bank.

Credit card

Credit Card Type: _____

Credit Card Number: _____ Expiration date: _____

Authorized Signature: _____

Please complete this form and fax or mail to IPTA along with full payment by February 10, 2007.

**IPTA
Attn: Meredith Weiner, Meetings Exhibits Manager
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054
Fax: 856-439-0525**