

EXHIBITOR FORM

38th Annual Neural Interfaces Conference
June 16-18, 2008
InterContinental Hotel * Cleveland, Ohio

Exhibitor Information

Company Name: _____

Address: _____

City, St.: _____ Postal Code: _____ Country: _____

Exhibit Opportunity \$500 (Tabletop Display ONLY)

Exhibit includes a 6 ft linen covered table for a tabletop display, for the entire duration of the conference, in the vicinity of the conference presentation rooms and poster session areas. Conference attendees will have the opportunity to visit the booths at all times of the day, including breaks in the exhibit area as well as additional opportunities at lunch breaks and session breaks.

Electric connection available for an additional cost of \$210. This fee includes electrical connection, extension cord and power strip.

GRAND TOTAL - Exhibitor fee and optional electrical _____

Method of Payment

Check: Make check payable to: Neural Interfaces Conference in US dollars drawn on a US Bank. Mail or fax this form to Pam Holliday, Event Masters Ltd., 4920 Commerce Parkway, Suite 10, Cleveland, Ohio 44128 Phone: 216-514-7670 Fax: 216-514-7671

Credit Card: VISA MASTER CARD

Credit Card Number: _____ Expiration Date: _____

Name of Card Holder: _____ CCV#: _____

Signature: _____ Date: _____