

Exhibitor Registration Form
2018 Detroit Trauma Symposium
November 8 – 9, 2018, MGM Grand Detroit, Detroit, Michigan



Company Name: _____

Address: _____

Phone: _____ Fax: _____

Authorized by: _____

Phone: _____ Email: _____

First Attending Representative: (check if same as above) _____

Phone: _____ Email: _____

Second Attending Representative: _____

Phone: _____ Email: _____

Additional Attending Representative(s): _____

(Additional representatives may attend free of charge; however, lunches are available for the 1st and 2nd representatives only).

Exhibitor/Sponsor Fees

8' Vendor Table Two Days \$1750

8' Vendor Table Thursday, November 8 Only \$1250

8' Vendor Table Friday, November 9 Only \$1250

Registration and table assignments will be confirmed once payment is received.

Payment by Check or Credit Card (MasterCard or Visa accepted)

Include your credit card information below and email to cluiz@med.wayne.edu or fax to 313-577-5310.
Call Cindy Luiz at 313-577-3310 for any questions.

Credit Card Number _____ Amount to Charge \$ _____

MasterCard Visa Expiration Date (MM/YY) _____

Name on Card _____ Signature _____

Payment by Check

Enclosed is my check for \$ _____, made payable to **Detroit Trauma Symposium-WSU**.

Please return registration form and payment to:

Detroit Trauma Symposium Registration
Surgery Department/6C-UHC
4201 St. Antoine
Detroit, MI 48201

Thank you for your support!