



AMERICAN COLLEGE
OF CLINICAL
ELECTRODIAGNOSIS

Virtual Conference

November 6th–7th, 2021

Vendor Packet

We welcome you to the ACCE's

5th Annual Symposium



Please review the enclosed documentation to read
more about exhibitor pricing and general
information

VENDOR (\$500.00)

Includes:

- Logo on website
- Virtual Symposium Vendor Booth

If any questions, please contact our Vendor Chair, Dr. Jerrold Simon, directly at: jsimon@rroho.com or call (614) 561-0377

To register online, please go to our website at: www.accedx.org You may also send payment information for a credit card or mail a check made payable to the **ACCE** to:

Dr. Nino Carlino
9710 The Maples
Clarence, NY 14031
E-mail: drninocarlino@gmail.com

(Please remember to fax a signed copy of the Rules and Regulations found on the last page to Dr. Jerrold Simon at FAX # (740) 653-3249.

Amount Authorized \$ _____
Method of Payment: _____ Check (enclosed) or _____ (Visa or MC)
Card # _____ Expiration Date _____
CVV: _____

Card Holder's Name (please print): _____
Phone #: _____

Billing Address:

Card Holder's Signature:

Company Name: _____

Company Representative: _____

E-mail Address: _____

Please enclose TOTAL REMITTANCE before the event.

Remember, checks must be made out to the **ACCE**

Please fax a signed copy of the Vendor Rules and Regulations below to Dr. Jerrold Simon at: **(740) 653-3249**

VENDOR RULES AND REGULATIONS

There will be NO REFUNDS. Subleasing and sharing of vendor space is not permitted and vendors should confine activities to their “space” for which they have contracted.

The American College of Clinical Electrodiagnosis holds the right to cancel the symposium pending natural disaster(s), acts of God or acts of terrorism without repayment to any/all parties involved. We (I) agree to the provisions and regulations for vendors/sponsors as outlined in the agreement form.

AGREEMENT AUTHORIZED BY: *(Print)*

Signature:

Date: _____

Company:
