



AMERICAN COLLEGE  
OF CLINICAL  
ELECTRODIAGNOSIS

# ACCE Annual Symposium

March 25<sup>th</sup>–27<sup>th</sup>, 2022

## Vendor Packet

**We welcome you to the ACCE's**

**5<sup>th</sup> Annual Symposium**

**Rosen Hotel, Orlando, FL**



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

## VENDOR (\$500.00)

*Includes:*

- Logo on website
- Symposium Vendor Booth

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*Note: If you do not need a vendor booth but would like to sponsor a speaker including honorarium, transportation, hotel, food/entertainment, please place an "X" in the box*

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

To register online, please go to our website at: [www.accedx.org](http://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](mailto: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)*

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Signature:

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Date: \_\_\_\_\_

Company:

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