AMERICAN COLLEGE OF CLINICAL ELECTRODIAGNOSIS

ACCE Annual Symposium

October 13ᵗʰ–15ᵗʰ, 2023

Vendor Packet

We welcome you to the ACCE's

6ᵗʰ Annual Symposium

Palmer College South, Port Orange, 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@rrohio.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. Marco Lopez

1187 Main St., Suite D

Clifton, N.J. 07011

E-mail: dr.lopez@njspinedoc.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**

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:

_____