

# ASA/NSAA Conference Exhibitor Registration Form

(Please print. This form is used to produce Conference Badges)

**Company Name**

\_\_\_\_\_

**Contact Person**

\_\_\_\_\_

**Address**

\_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip** \_\_\_\_\_

**Phone** ( \_\_\_\_ ) \_\_\_\_\_ **E-mail** \_\_\_\_\_

**Names for badges** (include city, state, if different from above)

\_\_\_\_\_  
\_\_\_\_\_

Products/Service you plan to exhibit \_\_\_\_\_

We will offer a sponsorship of \$\_\_\_\_\_, please reserve exhibit space and a 6' skirted table with two chairs. (Sponsorships over \$1000 or more includes: table top exhibit space, reception, dinner, continental breakfast and luncheon, attendee signage at the event, and information about your company on websites) Basic electric is provided.

Fee includes: one 6' skirted table and two chairs. Basic electric is provided.

Please make check payable to **NSAA** or **ASA**. MasterCard, Visa, American Express and Discover Card also accepted.

**Credit Card #:** \_\_\_\_\_

**Name on card:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **Security Code #:** \_\_\_\_\_

**Signature** \_\_\_\_\_

Send this form and payment to:

**National Surgical Assistant Association**  
1775 Eye Street, NW. Suite 1150  
Washington, DC 20006  
Fax to: 202-587-5610

**Association of Surgical Assistants**  
6 West Dry Creek Circle  
Littleton, CO 80120  
Fax to: 303-694-9169

E-mail to: [exhibitors@asa-nsaa.org](mailto:exhibitors@asa-nsaa.org)