

# NESPRS EXHIBITOR & GUEST REGISTRATION FORM

**64th ANNUAL MEETING**

**NEW ENGLAND SOCIETY of PLASTIC and RECONSTRUCTIVE SURGEONS**

June 14 - 16, 2024 — Omni Mount Washington Hotel, Bretton Woods, NH

**EARLY REGISTRATION DEADLINE ~ ~ MAY 14, 2024**

THIS FORM MAY BE PHOTOCOPIED. PLEASE TYPE OR PRINT LEGIBLY.

**The Exhibitor Fee covers exhibit space for 2 adults [reps], the Friday evening Welcome Reception & Dinner Buffet, Saturday & Sunday Breakfasts & Coffee Breaks. Saturday Cocktail Reception & Black Tie-Requested Dinner Require An Additional Fee. See 'General Information for 64th Meeting' for more details.**

**Exhibitor COMPANY NAME -**

<b>NESPRS Exhibitor</b>	If paying by CHECK, please print out this form and mail it, along with your check payable to: NESPRS, Inc. Charlotte Constantian Admin. Director PO Box 273 Nashua, NH 03061-0273
Name	
Email Address	
Address	
City	
State	
Phone Number	<b>Federal Tax ID #23-7367480</b>
Name For Exhibitor Badge	
Name for 2nd Exhibitor / Spouse / Guest Badge	
<div style="background-color: #d9e1f2; padding: 2px;"><b>\$2,400.00 - 8 Tables Are Available</b></div> Tables 3, 4, 5, 7, 8, 14, 19, 20  <div style="background-color: #ffff00; padding: 2px;"><b>\$1,900.00 - 16 Tables Are Available</b></div> Tables 1, 2, 6, 9, 10, 11, 12, 13, 15, 16, 17, 18, 21, 22, 23, 24  Please Review the Exhibitor Floor Plan & Make Your Selection	
<b>Exhibit Table #, First Choice</b>	
<b>Exhibit Table #, Second Choice</b>	

WHO WILL BE ATTENDING? (place "1" in box)		Before 5/14	After 5/14	On Site
Exhibitor Rep - First	<input type="checkbox"/>	275.00	325.00	375.00
Exhibitor Rep - Second	<input type="checkbox"/>	275.00	325.00	375.00
Spouse / Guest	<input type="checkbox"/>	275.00	325.00	375.00

<b>Friday - June 14, 2024</b> Welcome Reception - 6:00PM - 7:00PM # Adults Attending: <input style="width: 50px;" type="text"/> Dinner Buffet - 7:00PM - 10:00PM # Adults Attending: <input style="width: 50px;" type="text"/> <b>Saturday - June 15, 2024</b> Black Tie - Requested Dinner - 7:00PM-10:00PM Adults # Attending: <input style="width: 50px;" type="text"/>	<b>TOTAL EXHIBITOR FEES</b> EXHIBITOR FEES \$ <input style="width: 100px;" type="text"/> SPOUSE / GUEST FEES \$ <input style="width: 100px;" type="text"/> EXHIBIT TABLE FEES \$ <input style="width: 100px;" type="text"/> <b>TOTAL EXHIBITOR FEES</b> \$ <input style="width: 100px;" type="text"/>
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**NESPRS EXHIBITOR & GUEST  
REGISTRATION FORM - CREDIT CARD PAGE**

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**If Children Will be Accompanying You To the Meeting,  
Please Complete The Section Below**

**Friday - June 14, 2024**

Welcome Reception - 6:00PM - 7:00PM

# Children Attending:

Dinner Buffet - 7:00PM - 10:00PM

# Children Attending:

	Before 5/14	After 5/14	On Site
Children Over 12 Having Adult Meals	75.00	90.00	105.00
Children 3-12	40.00	55.00	70.00
Children 3 and Under	-	-	-

**Saturday - June 15, 2024**

Black Tie - Requested Dinner - 7:00PM-10:00PM

Children Over 12 Adult Meals

Children 3 - 12 # Attending

Children 3 & Under # Attending

*There's No Charge for Children 0-3*

<b>TOTAL CHILDREN'S FEES</b>		
CHILDREN OVER 12 FEES		\$
CHILDREN 3 - 12 FEES		\$
<b>TOTAL CHILDREN'S FEES</b>		\$

**If using a credit card, complete the information below -**

Please charge the 'Total Exhibitor Fees' [on the previous page]  
and the 'Total Children's Fees' [if applicable] amount to my

MasterCard    VISA    American Express

Credit Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Exp. Date \_\_\_\_\_ / \_\_\_\_\_

3- or 4-Digit Auth. Number (On the Front or Back of Card) - \_\_\_\_\_

PRINT Name as it Appears on Card \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

Cardholder acknowledges receipt of services in the amount of the total shown hereon and  
agrees to perform the obligations set forth in the Cardholder's agreement with the Issuer.

Signature \_\_\_\_\_

**IF NEEDED - Use the space below to relay any messages ---**