

EXHIBITOR REGISTRATION FORM

Please complete this form and submit with full payment, or visit www.arkansasurologicsociety.org to submit and pay online.

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c/o Nicole Richards
 Arkansas Urologic Society
 10 Corporate Hill Dr. Suite 300
 Little Rock, AR 72205

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Coordinator's Email Address

Coordinator's Phone Number

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CONTRIBUTION LEVEL ☐ GOLD CONTRIBUTOR ☐ SILVER CONTRIBUTOR ☐ BRONZE CONTRIBUTOR ☐ TABLETOP EXHIBITOR
 Please check one: *\$5,000.00* *\$4,000.00* *\$3,000.00* *\$1,500.00*

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Agreement to Conditions: Exhibitor agrees to abide by the following: (1) No competing function will be allowed during this meeting; (2) the sole control of the exhibit center rests with AUS; and (3) AUS will not be responsible for any injury to any exhibitor or loss of property by fire, theft, damage, or other causes. **Refund Policy:** To cancel exhibit space, a written notification to AUS office must be received no later than **February 10, 2026**. No refunds will be issued after that date.

Print Name

Sign

Date

QUESTIONS?

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