

# EXHIBITOR PROSPECTUS

## APPLICATION FOR EXHIBIT SPACE

Orthopedic Surgery Controversies 2012  
Silverado Resort - Napa, California  
September 19-21, 2012

**PAYMENT MUST ACCOMPANY ALL FORMS:**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Street address: \_\_\_\_\_

Street address: \_\_\_\_\_

City: \_\_\_\_\_

State/Zip: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Web Site: \_\_\_\_\_

Early Rate (before June 1, 2012)	premium location*	\$2000	_____
Early Rate (before June 1, 2012)	standard location	\$1800	_____

Regular Rate	premium location*	\$2150	_____
Regular Rate	standard location	\$1950	_____

\*Limited availability  
(The above rates include registration for 2 representatives per booth)

Additional Representatives \_\_\_\_\_ x \$150 each

**TOTAL EXHIBITOR REGISTRATION FEES:** = \_\_\_\_\_

**If paying by CREDIT CARD please  
return registration forms to:**

Paige Ballus  
OSC 2012  
Course Coordinator  
336-766-0318 fax  
[pballus@triad.rr.com](mailto:pballus@triad.rr.com)

**If paying by CHECK please return  
registration forms to:**

Orthopedic Surgery Controversies 2012  
c/o SCORE  
6815 Noble Avenue  
Van Nuys, CA 91405  
(please make checks payable to SCORE)

Questions? Please contact Paige Ballus at 336-287-9895 or [pballus@triad.rr.com](mailto:pballus@triad.rr.com)

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**I. PRODUCT INFORMATION.** Please give a 25 word description of your product.

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**FDA COMPLIANCE:**

Will your exhibit contain any non-FDA approved drugs or devices?

\_\_\_\_\_ Yes      \_\_\_\_\_ No

**BOOTH SELECTION:**

We prefer not to be placed next to or across from any of the following companies: (We will do its best to accommodate requests; however, no guarantee as to this aspect of placement will be made.)

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**AGREEMENT**

Signature and submission of this application is considered agreement by the applying company and its representatives to abide by the conditions outlined in this prospectus. This includes receipt of approval from the sponsor for events held by the applicant at Orthopedic Surgery Controversies 2012. The signer of this application shall be the sole contact between OSC 2012 and the applicant company. OSC 2012, its general contractor, and hotel shall not be responsible for any loss, damage or injury that may occur to the exhibitor's employees (public or other) or property from any cause whatsoever, prior, during or subsequent to the period covered by the exhibit contract and, the exhibiting company, on signing the application expressly releases OSC 2012, its employees, its general contractor and Silverado Resort from and agrees to indemnify same against any and all claims for such loss, damage or injury. The exhibiting company agrees to defend and indemnify OSC 2012 its employees, its general contractor and hotel from all claims and suits for damages of all kinds brought arising out of the display or the performance of its products.

Company Contact Signature: \_\_\_\_\_

Print Name: \_\_\_\_\_

**Please return registration forms to:**

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