



48th Annual Meeting
 October 24-25, 2021
 Loews O'Hare | Chicago, Illinois



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EXHIBITOR PRE-REGISTRATION

Please return this form **NO LATER THAN October 11, 2021**. Changes may be made at no charge until this date. Additional registrations over the 2 badge allotment will be assessed at \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

Return to: Fax: 978-524-0461 | industry@chss.org

Name of Exhibiting Company: _____

Registrant #1: The official in charge of the booth(s) on-site will be:

Name: _____ Cell Phone: _____

Registrant #2: Two registrations are included in your exhibit package. Please list the remaining registrant other than the on-site official contact listed above.

Additional exhibit representatives at \$100 per representative.

Please charge my:   

Name on Card: _____

Card # _____ Exp _____ Sec. Code _____
(3-4 numbers on front or back of card)

Signature: _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Check if credit card billing address is same as contact information at the top of form. If billing address is not the same, please enter below:

Street Address _____

City/State/Postal Code/Country _____

Exhibitor certifies that the named person(s) meet your eligibility qualifications. I further understand that badges are not to be issued to representatives of leasing companies, financial institutions, publishers, suppliers, vendors, or others who wish to gain admittance for the purpose of making contacts other than in our exhibit. Exhibitors may not register any person eligible for registration at General Registration. All people registered under your company name must be employees of your company. Should anyone request a different company or organization name on their badge they will be asked to pay the full attendee fee for that category, i.e. physician, distributor, non-exhibiting industry. Should anyone from your company request CME credits, they cannot register as an exhibitor, but must register in the appropriate category. Example: physician, nurse.

INITIALS: _____