

*Twenty Sixth Annual New York*

# Controversies, Problems and Techniques in Surgery

## Exhibitor's Registration Form

*Meeting/Exhibiting Dates*

Thursday, December 10 – Saturday, December 12, 2009

*Location*

Sheraton New York, 811 Seventh Avenue, New York, NY 10019

**Exhibitor Fee \$2,500**

Includes space for exhibiting and acknowledgement in syllabus as an exhibitor

- Please register my company to exhibit.
- My company is interested in learning more about opportunities beyond exhibiting.

Contact Person \_\_\_\_\_

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

Address \_\_\_\_\_

City/State \_\_\_\_\_ Zip \_\_\_\_\_

Phone[s] (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_

E-mail \_\_\_\_\_

**Please Fax to:** 718-798-2336  
or **mail** completed form to: Center for Continuing Medical Education  
3301 Bainbridge Avenue  
New York, NY 10467

**Please make checks payable to** Montefiore Medical Center  
or **charge** my  Visa  MasterCard  Amex

Card # \_\_\_\_\_ Exp Date \_\_\_\_\_

Signature \_\_\_\_\_

**For further assistance or inquiries about additional opportunities,  
please call Steven Jay Feld or Jerilyn Saalman at 718-920-6674**