

# 2018 4th Annual New England Perfusion Symposium



## Enrollment for Exhibit Space



Cost: \$600.00 (Includes Tabletop Display and Two Representatives)

Additional Representatives: \$50.00 per person

Total Cost: \$\_\_\_\_\_

Exhibiting Company: \_\_\_\_\_

Exhibit Coordinator: \_\_\_\_\_

Attending Representatives: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Website: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

Signature: \_\_\_\_\_

**Payment is due April 20, 2018**

Please make check payable to “**Connecticut Society of Perfusion**”.

Tax ID#06-1463563

Please return check and registration form to the following:

Michael Smith  
NH-MED 207-K  
Quinnipiac University  
275 Mount Carmel Ave.  
Hamden, CT 06518

Any questions, please contact Allison M. Conelius at [allisonconelius.csp@gmail.com](mailto:allisonconelius.csp@gmail.com) or by phone at 860-367-1265.