

**Twenty-Seventh Annual San Diego Shoulder Meeting
Arthroscopy, Arthroplasty & Fractures
Hyatt Regency La Jolla, San Diego, California
June 23-26, 2010
EXHIBIT REGISTRATION FORM**

Please reserve exhibit space as requested below at the Twenty-Seventh Annual San Diego Shoulder Meeting, Arthroscopy, Arthroplasty & Fractures, June 23-26, 2010. My signature also confirms understanding and compliance with SDSI's Standards of Commercial Support.

COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP _____

TELEPHONE: (____) _____ FAX: (____) _____

YOUR NAME: _____ TITLE: _____

PRODUCT: _____

YOUR SIGNATURE: _____ DATE: _____

EMAIL ADDRESS: _____

Please reserve ___ one booth ___ two booths ___ three booths ___ four booths
Call for availability to reserve more than four booths. Booth sizes are 8' wide x 10' deep or 6' table-top.

Booth Preference: First Choice _____ Second Choice _____ Third Choice _____
We will make every effort to assign you to your preferred booth space. Assignments will be made on a first come, first served basis.

We will be prepared to accommodate **up to three company representatives per booth reserved** at the meeting. A badge request list will be sent with your confirmation letter. Additional reps can be registered for \$225 per person.

TOTAL AMOUNT ENCLOSED _____ **(\$2400 per booth / table)**

A \$100 administrative fee will be retained upon cancellation. No refunds will be made after May 26, 2010.

___ Check Enclosed or MasterCard/Visa Number _____ Exp Date _____

Signature for Credit Card Charges _____ Security Code on Back of Card _____

Make checks payable to **San Diego Shoulder Institute**
San Diego Shoulder Institute Tax ID #87-0765789

REGISTER ASAP TO INSURE SPACE AVAILABILITY

Return signed form with payment to:

Rebecca Quiring

San Diego Shoulder Institute

3905 Waring Road

Oceanside, CA 92056

Phone: (760) 940-2066

Fax: (760) 940-6110

Email: rebeccaq2@cox.net