



Frontiers in Immunology Research Network (FIRN)

EXHIBITORS' REGISTRATION FORM

Exhibitor's Trade Name and/or
Last Name of Exhibit Representative _____

First Name and M.I. of Exhibit Representative _____

Nickname of Exhibit Representative for Badge _____

Mailing Address _____

Telephone: Day (____) _____, Fax (____) _____, EMail: _____

EXHIBITORS' REGISTRATION FEES (DUE APRIL 30, 2017)

(Registration fees for exhibit representatives include access to all Conference presentations, sessions, exhibitions, activities, nutritional and coffee/tea breaks.)

Alternative 1: Materials Displayed by FIRN on Exhibitor's Behalf
(\$200 per one square meter table)\$200 x __ = _____

Alternative 2: Exhibit Representative(s)
(\$180 per exhibit representative)\$180 x __ = _____
plus
(\$200 per one square meter table)\$200 x __ = _____

Alternative 3: Exhibition Booth
(\$180 per exhibit representative)\$180 x __ = _____
plus
(Exhibition Booth rental costs – contact conference hotel)

Total Amount Due = _____

Payments: _____ My check is attached payable to FIRN (in U.S. dollars drawn on a U.S. bank).

Please charge my _____ Visa _____ MasterCard or _____ American Express.

Card # _____ CVV # _____ Exp.Date _____ Signature _____

Refunds: Cancellations must be in writing and are subject to a \$60 handling fee. No refunds will be given for cancellations after **May 30, 2017**. Refunds will be processed after the conference.

PLEASE POST YOUR EXHIBITORS' REGISTRATION FEES NO LATER THAN APRIL 30, 2017 TO:

FIRN, 64 Holden Street, Worcester, MA 01605-3109, USA

TELEPHONE: (508) 852-3937, FAX: (508) 595-0089, EMAIL: hkan@firnweb.com

FIRN Web Site: <http://www.firnweb.com>