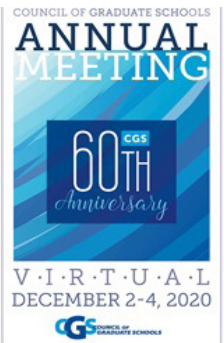


EXHIBITOR REGISTRATION FORM



EXHIBITOR INFORMATION:

Company/Institution

Representative #1:

Name

Position Title

Address

Main Contact

Main Contact Email

Badge Name (first name)

Email

Day Phone

Representative #2:

Name

Position Title

Address

Badge Name (first name)

Email

Day Phone

FEES:

Exhibitor Fee Includes: Virtual exhibit booth, registration for 2 representatives, access to all meeting sessions, two exhibit hall only registrations (Non-members receive one exhibit hall only registration), access to the Annual Meeting attendee list via the meeting website which will launch a week before the meeting.

CGS Member Exhibitor Fee \$650 \$ _____

Non-Member Exhibitor Fee \$1,000 \$ _____

TOTAL \$ _____

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