## ADVANCE REGISTRATION LIST ORDER FORM

**DEADLINE**: Friday, September 20, 2024 - Requests received after this date will incur a \$425 surcharge.

Company Name: \_\_\_\_\_\_\_ Booth #: \_\_\_\_\_

Contact:

Address:

City:		State:	Zip:
Phone:		Email:	
0	The list of advance Clinical Congress registrants may be All mailings are subject to ACS written approval. <b>A samp accompany this order form.</b> List includes name, institution, address, city, and state ar Approximate number of records within each specialty list List length will vary depending on the date and time it is Only European attendees who have opted in for mailing.	le of the mailing you are send and do not include email address sted are based on final attendan pulled.	ses or phone numbers. nce numbers from 2023.
	LIST FORMAT An Excel file will be delivered via email at \$0.50/name		
	BY GEOGRAPHIC CATEGORY Check all that apply		
	Domestic all attendees: US and Canada (approx 6,493)		
		International all attend	ees (approx 2,092)
	BY SPECIALTY Check all that apply (Numbers are approximate based on 2022 attendee data)		
	Colon & Rectal (350)		Otolaryngology (90)
	General Surgery (6,600)	P	ediatric Surgery (275)
	Neurological Surgery (70)		Plastic Surgery (150)
	Obstetrics & Gynecology (70)	Т	horacic Surgery (240)
	Ophthalmology (30)		Urology (90)
	Oral-Maxillofacial (40)		Unknown (230)
	Orthopaedic Surgery (100)	V	ascular Surgery (250)
		All Surgi	cal Specialties (8,585)
	BY REGISTRATION CATEGORY Check all that apply		
	Surgeons (8,585)	Allied	Professionals (1,358)
	To be completed by Show Management		
		Total Number of Names Received:	
			Total Cost:

**RETURN TO**: Kim Haines khaines@tradeshowlogic.com Phone: 770-432-8410 x166 After your order is received and sample mailing is approved, an invoice will be sent with a link to remit payment through your secure online portal. Upon receipt of your payment, we will email the requested list to you.