AACA Regional Meeting

Samuel Merritt University

Oakland, California

October 26, 2019

Exhibitor Registration Form

DEADLINE for SUBMISSION: September 3, 2019

Please register _____for the AACA 2019 Regional Meeting on Saturday, October 26, 2019 at Samuel Merritt University in Oakland, California.

Number of people attending from the company _____

Registration Fee is **$400 for first table** (fee includes registration for 2 exhibit staff) **$300 for second table** with an additional staff person. (Registration fee includes admission to all presentations, breakout sessions, breakfast, lunch, and snack breaks. Please check with AACA main office (aaca@clinical-anatomy.org) for sponsorship openings.

Name(s): _____

Preferred name(s) for nametag _____

Address: _____

Phone: _____ E-mail: _____

Contact person _____
First Name Last Name

Vendor Exhibit needs: _____ Electrical outlet_____ Internet Access _____

For ADA Accommodations please check here ☐

_____1st table _____2nd table _____ Total $_____

FAX to 706.883.8215**, e-mail as attachment to** aaca@clinical-anatomy.org
Or postal mail to: AACA
251 S. L. White Blvd.
P.O. Box 2945
LaGrange, GA 30241-2945

A check is enclosed, payable to AACA _____

Credit Card: ___Visa____ MC____ American Express ___Discover Card # _____

Dollar amount to be charged to card: US $_____.00 Exp. Date: _____ CSV: _____

Name listed on card: _____Billing address zip code: _____

Vendor Information for Human Anatomical Specimens at AACA Meetings
Please complete the following:

Company_____

Address_____

City_____State_____Zip_____

Phone_____Fax_____

Email/Web Address_____

Responsible Party (company representative):

Name _____

Phone: _____ Email: _____

Will human specimens be (check all that apply):

Displayed ( ) Offered for loan ( ) Offered for sale ( )

Who is the legal custodian of the specimens (legal donation recipient)?

Company_____

Contact Name _____

Address_____ City_____ State_____ Zip_____

Phone_____ Email_____

URL _____

Please use a separate sheet to list any and all restrictions for the display, loan and/or sale of human anatomical specimens from the legal custodian as well as the volume, preparation type and description of the specimens you wish to bring to the AACA meeting (In general, fresh and/or wet specimens will not be allowed). Please attach a donation authorization template and a signed letter on letterhead from the legal owner (if applicable) that provides permission for the activities described herein. Your signature indicates that you have received and understand the AACA policy for vendors and that you are solely responsible for the accuracy of the information provided and for all activities with human anatomical specimens in your care.

Signature _____

Date_____

For official AACA use only: Approved/Denied

Comments:_____