

# GO | GI OUTLOOK 2017

## Exhibitor Participation Form DEADLINE DATE: JULY 10, 2017

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_ On-Site Contact Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

On-Site Contact Cell Phone \_\_\_\_\_

If applicable, please list additional booth personnel:

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

Name: \_\_\_\_\_ Cell: \_\_\_\_\_

### Audio Visual Equipment

If audio visual assistance is required, such as phone lines, electrical, Internet, etc., please complete the attached Audio Visual Exhibitor Services Order Form/Credit Card Consent/Security Deposit Form. These forms should be completed and returned directly to Vanessa Kizart at the American Society for Gastrointestinal Endoscopy as indicated on the form.

***We understand these costs are the company's responsibility and the hotel will require credit card information in order to proceed.***

PLEASE RETURN THIS FORM NO LATER THAN JULY 10, 2017 TO:  
Vanessa Kizart  
P: 1-630-570-5604 F: 1-630-963-8607 E: [vkizart@asge.org](mailto:vkizart@asge.org)

*If this form is not completed in its entirety, your confirmation will be delayed.*