



# 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, 2019**)**

(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.

Credit Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_ Authorized 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, 2019**. Refunds will be processed after the conference.

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**PLEASE POST YOUR EXHIBITORS' REGISTRATION FEES NO LATER THAN **APRIL 30, 2019** TO:**

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

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

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