

**American Board of Independent Medical Examiners**

**ABIME**

**[www.abime.org](http://www.abime.org)**

**Exhibitor Registration Form**

**Location:** \_\_\_\_\_

**Dates Requested:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Company/Clinic:** \_\_\_\_\_

**Street Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip Code:** \_\_\_\_\_

**Country:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Fax:** \_\_\_\_\_

Price per exhibitor is \$900. Cancellations received more than two weeks prior to the event incur a \$100 fee. There are no refunds for cancellations received less than two weeks prior to the event date. All requests for changes must be submitted in writing.

**Payment Information:**    Check    Visa    MasterCard    AmEx    Discover

**Card Number:** \_\_\_\_\_ **Exp. Date (m/y):** \_\_\_\_\_ / \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**You may fax or mail this form to:**

**ABIME**

**6470-A Merritts Creek Road, Huntington, WV 25702**

**Call (304) 733-0095 or**

**Fax No: (304) 733-5243**

**Visit our website at [www.abime.org](http://www.abime.org)**