

American Board of Independent Medical Examiners

ABIME

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Exhibitor Registration Form

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Dates Requested: _____

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Price per exhibitor is **\$2500**. 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

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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