## CLINICAL CONGRESS 2023

Company Name: \_\_\_

**BOSTON, MA / OCTOBER 22-25** 



## ADVANCE REGISTRATION LIST ORDER FORM

**DEADLINE**: Friday, September 22, 2023 - Requests received after this date will incur a \$425 surcharge.

Contact:	
Address:	
City:	State:Zip:
Phone:	_Email:
<ul> <li>The list of advance Clinical Congress registrants may be All mailings are subject to ACS written approval. A sam accompany this order form.</li> <li>List includes name, institution, address, city, and state</li> <li>Approximate number of records within each specialty</li> <li>List length will vary depending on the date and time it</li> <li>Only European attendees who have opted in for mailing</li> </ul>	ple of the mailing you are sending MUST and do not include email addresses or phone numbers. isted are based on final attendance numbers from 2022. s pulled.
LIST FORMAT An Excel file will be delivered via ema	il at \$0.50/name
ВУ	GEOGRAPHIC CATEGORY Check all that apply
Do	mestic all attendees: US and Canada (approx 6,000)
	International all attendees (approx 1,200)
BY SPECIALTY Check all that apply (Numbers are app	proximate based on 2022 attendee data)
Colon & Rectal (400)	Otolaryngology (100)
General Surgery (5,400)	Pediatric Surgery (240)
Neurological Surgery (50)	Plastic Surgery (150)
Obstetrics & Gynecology (40)	Thoracic Surgery (180)
Ophthalmology (40)	Urology (80)
Oral-Maxillofacial (40)	Unknown (200)
Orthopaedic Surgery (80)	Vascular Surgery (200)
	All Surgical Specialties (7,200)
BY REGISTRATION CATEGORY Check all that apply	
Surgeons (7.200)	Allied Professionals (1,200)

**RETURN TO**: Kim Haines khaines@tradeshowlogic.com Phone: 770-432-8410 x166

After your order is received and sample mailing is approved, an invoice will be sent with a link to remit payment through your secure online portal. Upon receipt of your payment, we will email the requested list to you.

To be completed by Show Management

Total Number of Names Received:

Total Cost: