



**23rd Annual Pain Medicine Meeting  
Las Vegas, NV ~ November 21-23, 2024**

**Exhibit Badges:**

As part of your exhibit fee, you are entitled to the following comp booth personnel badges:

**10'x10' = 2 badges    10'x20' = 4 badges    20'x20' = 6 badges    20'x30' = 8 badges**

Additional booth badges may be purchased for \$195 each and **MUST** be Prepaid. If additional badges are needed, kindly fill out the below and return to me no later than **October 4, 2024 in order to be pre-registered**, after this date you will need to register onsite.

Please complete this form for both comp and additional booth personnel.

Exhibiting Company Name: \_\_\_\_\_ Booth # \_\_\_\_\_

Company Address: \_\_\_\_\_

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

Country: \_\_\_\_\_

Additional booth personnel (\$195 apiece) all additional badges must be prepaid (**individual email addresses are required for each badge**).

Representative	Representative
Title	Title
Email	Email

If you need to register more booth personnel, please complete the second page of this form.

Name of company: \_\_\_\_\_

Credit card details to be charged:

AMEX                  VISA                  MC

CC #:

Expiration date: \_\_\_\_\_ Security Code: \_\_\_\_\_ We authorize ASRA to make the charge of: \$ \_\_\_\_\_  
*(US currency only)*

Name of card holder: \_\_\_\_\_

Address: (as per credit card records): \_\_\_\_\_

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

Email address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
*(needed for receipt)*

Signature of card holder: \_\_\_\_\_ Date: \_\_\_\_\_

**Return this form no later than October 4, 2024 to [heidi.perret@ajj.com](mailto:heidi.perret@ajj.com)**

**Due to the F1 Racing Event, all names submitted will be cross referenced to the ASRA Pain Medicine Master Housing List.**



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Additional booth personnel. (*emails are required*).

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