

Exhibitor Seminar Application, Payment and Cancellation Policy

The USCAP is offering a limited number of Exhibitor Seminar opportunities to qualified exhibitors. A seminar Abstract, speaker list, completed application and 50% deposit must be submitted together. The USCAP Education Committee will review and approve all Abstracts prior to the room assignments. The 50% deposit will be held pending approval of the Abstract. Should the Abstract not be approved, the full deposit will be returned. **Please see the Rules and Regulations for participation prior to completing the application.** Space will be assigned on a first come first serve basis after approval has been granted. **Deadline for application and seminar Abstract is January 28, 2011, but advance submission is recommended.**

You must be an exhibitor and approved by USCAP to hold a seminar.

Cancellation Policy and Fees:

1) Cancellations are required to telephone Ms. Nancy West at 706/733-7550 and send a confirming letter of cancellation to Ms. Nancy West; United States and Canadian Academy of Pathology; 3643 Walton Way Extension; Augusta, GA 30909 and received before the date listed below. Cancellations will be based on the following schedule:

- Until December 10, 2010, all commitments may be cancelled in full, less a 20% administration fee based on the payments received to date.

- Following the schedule of payments, any payments made after December 10, 2010, will not be refunded.

Schedule of Payments:

- This completed Exhibitor Seminar form and all payments should be sent to Ms. Nancy West at the address listed above.

- **50% must accompany the Exhibitor Seminar Form**

- **Balance due by January 28, 2011**

Method of Payment (check one):

Check (payable to United States and Canadian Academy of Pathology – U.S. Currency drawn on U.S. bank)

Visa MasterCard American Express

Name of Cardholder: _____

Credit Card #: _____ Exp. _____

Date _____

Amount of Payment: \$ _____

Signature: _____

Exhibitor contact information :(Please print)

Contact _____

Address _____

City & State _____ Postal Code _____

Country _____

Phone _____ Fax _____

E-mail _____ Website _____