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FORM*	American Epilepsy Society Annual Meeting Pennsylvania Convention Center December 5 - 7, 2015											Form Deadline Date November 13, 2015	
COMPANY NAME												BOOTH NUMBER	
SHOWSITE CONTACT							SHOWSITE CONTACT PHONE # DATE/TIME OF ARR				ME OF ARRIV	RIVAL CONTACT'S HOTEL (OPTIONAL)	
A unique grid mu combine service							ensure	proper pl	acement o	of items in	your bo	oth. Please do not	
Pegboar Pegboar Special (Standard Pad and	the scale of	ard - Form ape - Form vstems (if e vou are not antling - Fo dicate the of the grid (A-1 exhibit size carpeting rm L-1 outline of y i.e. 1 squa	your e your bo are = 1	entire boot both. foot) or in	h) - Form	C-1		ur booth.				
Each square is			fe	_ feet square since my booth is					feet wide by le number:			feet long.	
Indicate Adjacen Booth o Aisle Numl	r i											Indicate Adjacent Booth or Aisle Number:	

