



23-25 SEPTEMBER  
HAMBURG, GERMANY



# World Congress of Endourology and Uro-technology - WCET 2021 Exhibitor Agreement

## EXHIBITING COMPANY INFORMATION:

COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY STATE/COUNTRY/PROVINCE ZIP OR POSTAL CODE

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS WEB SITE ADDRESS

## DIRECT CONTACT INFORMATION:

Name of person coordinating exhibit \_\_\_\_\_ Title \_\_\_\_\_

E-mail \_\_\_\_\_ Phone \_\_\_\_\_

## MAILING ADDRESS (IF DIFFERENT FROM ABOVE)

CITY STATE/COUNTRY/PROVINCE ZIP OR POSTAL CODE

TELEPHONE NUMBER FAX NUMBER E-MAIL ADDRESS

## EXHIBIT SPACE PRICE:

3m x 3m \$6,250 USD  3m x 6m \$9,750 USD  6m x 6m \$17,500 USD  6m x 9m \$25,000 USD

## AVAILABLE EXHIBIT SPACE:

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

We would like to be near: \_\_\_\_\_

We would not like to be near: \_\_\_\_\_

## PAYMENT INFORMATION (CHOOSE ONE): TOTAL AMOUNT ENCLOSED: \_\_\_\_\_

Check Enclosed Check # \_\_\_\_\_ (Payable to Endo WCET in U.S. dollars drawn on a U.S. bank)

*If your company would like to pay using a credit card or wire transfer, please contact Keith Price at [kprice@urologymanagement.org](mailto:kprice@urologymanagement.org) for an authorization form.*

**AGREEMENT:** I am an authorized representative for this Exhibiting Company with full power and authority to sign this Exhibitor Agreement. The Exhibiting Company has read and understands the terms and conditions as stated in the WCET Exhibitor Rules & Regulations.

AUTHORIZED SIGNATURE

PRINT NAME DATE

## MAIL PAYMENT TO:

World Congress of Endourology  
Attn: Keith Price,  
UMS 1000 Corporate Blvd.  
Linthicum, MD 21090

## CANCELLATION POLICY:

On or before 29 February  
2021 – 50% refunded, written  
cancellation required. After  
1 March 2021 – 100% non-  
refundable.

## QUESTIONS?

*Please contact:*

**Keith Price**  
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