



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 \$7,250 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 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:

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