

Exhibit Photography - ANESTHESIOLOGY 2017 Annual Meeting

BOOTH#: _____ Empty w/Attendees Staff Photo (by onsite appt)

Exhibit Name: _____ Contact name: _____ Phone: _____

Co. Ordering: _____ Ship to Attention: _____

BILLING ADDRESS: Name: _____

City: _____ State: _____ ZIP code: _____ Country: _____

Email: _____ Phone: _____

Description	Unit Price	Total
<input type="checkbox"/> Includes: 4 different angles of your booth on flash drive	\$360	
<input type="checkbox"/> Includes: 1 different angle of your booth on flash drive	\$100	
<input type="checkbox"/> Additional image of different angle of your booth (after purchase package 1 or 2)	\$90	
<p align="center">**Event Photography Services (awards, events, special functions)** REQUESTED APPOINTMENTS</p> <p>Photography Service \$150 per hour Flash Drive will all images \$200 (one time fee) Date of event: _____ Start Time: _____ End: _____ Location: _____</p>		
<p>All work is performed on a contractual basics. Prepayment is required. Clams must be made in writing within 7 days of receipt of images. Orders cancelled on show side are not refundable.</p>	Shipping Domestic	\$12
	Shipping Int'l	\$20
TOTAL DUE		

Please email this form at: kasia@kasiavetterphotography.com to reserve your slot!