



Department of Otolaryngology
Head & Neck Surgery

UNIVERSITY OF COLORADO ANSCHUTZ MEDICAL CAMPUS

Department of Otolaryngology – Head & Neck Surgery
School of Medicine

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Exhibit Registration Form

Company Name: _____

Address: _____

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Telephone: _____ Email: _____

Contact person for all conference info: _____

Exhibit Fee:

- ☐ **\$3,500 – Silver Exhibitor Level - 1 Representative Included**
- ☐ **\$5,000 – Gold Exhibitor Level - 2 Representatives Included**
- ☐ **\$6,000 – Platinum Exhibitor Level - 3 Representatives Included**

Representatives On-site:

1) _____ Email: _____

2) _____ Email: _____

3) _____ Email: _____

(\$500 will be charged for each additional representative)

Please make checks payable to University of Colorado Denver and send to the address below. If you have any questions, please do not hesitate to contact me.

Sincerely,

Carey Burgess

2023 Conference Coordinator

Carey.burgess@cuanschutz.edu