



LEAD RETRIEVAL REQUEST FORM

AUGUST 11-14, 2022 | MIAMI BEACH, FL

Company Name:

Contact Name:

Email:

Web Address:

Address:

Phone:

City:

State:

Zip:

Country:

Fax:

IMPORTANT: Please note that your credit card will not be charged until your lead retrieval request is approved and processed by exhibit management.

Lead Retrieval (One Handheld Device) **\$350.00**
(After July 22nd, 2022, cost \$450)

Lead Retrieval (3 Licenses Mobile App) **\$350.00**
(After July 22nd, 2022, cost \$450)

Any additional License (Mobile App Only) **\$100.00**

Total Amount Due:

Office Use Only:

Payment Information

Payment in full must accompany this application.

Mastercard Visa American Express

Card Number: _____

Security Code: _____ Expiration Date: _____

Name as it appears on the card: _____

Signature: _____ Date: _____

Email Form to: a.aloi@tarsusmedicalgroup.com