



FEBRUARY 9-12, 2023
MIAMI BEACH, FL

LEAD RETRIEVAL REQUEST FORM

Company Name:		Contact Name:		
<input type="text"/>		<input type="text"/>		
Email:		Web Address:		
<input type="text"/>		<input type="text"/>		
Address:		Phone:		
<input type="text"/>		<input type="text"/>		
City:	State:	Zip:	Country:	Fax:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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) **\$400.00**
(After January 20th, 2023, Cost \$450)

Lead Retrieval (3 Licenses Mobile App) **\$400.00**
(After January 20th, 2023, Cost \$450)

Any additional License (Mobile App Only) **\$100.00**
After January 20th, 2023, Cost \$450

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