



FEBRUARY 9-10, 2023  
MIAMI BEACH, FL

# LEAD RETRIEVAL REQUEST FORM

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) **\$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**

**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: \_\_\_\_\_



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EMAIL FORM TO:  
[a.aloi@tarsusmedicalgroup.com](mailto:a.aloi@tarsusmedicalgroup.com)