



FEBRUARY 8-9, 2024
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, 2024, Cost \$450)
- Lead Retrieval** (3 Licenses Mobile App) **\$400.00**
(After January 20th, 2024, 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