



XXIX IERASG 2025 Symposium Exhibit Registration Form

Company Name: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Email: _____

Contact person for all conference info: _____

Exhibitor Fee:

- \$10,000 – Platinum Exhibitor Level - 4 Representatives**
- \$6,500 – Gold Exhibitor Level - 2 Representatives**
- \$4,000 – Silver Exhibitor Level - 1 Representative**
- \$3,000 - Bronze Exhibitor Level**

Representatives On-site:

1) _____ Email: _____

2) _____ Email: _____

3) _____ Email: _____

4) _____ Email: _____

\$500 will be charged for each additional on-site representative

Please make checks payable to *IERASG* and send to the address below:

IERASG
Attn: Shannon Onken
Academic Office 1, Room 1201F
12631 E. 17th Ave. F493
Aurora, CO 80045

Sincerely,
Vicki Muscatello
Vicki.muscatello@cuanschutz.edu
 Exhibitor Coordinator