

Show Request Form

Submit completed form to Angela Barnes at – angela.barnes@cryopen.com

Procedure:

Request forms are processed and forwarded on to Angela for approval. To be approved to attend a medical show, the following criteria apply:

- Show request form must be submitted as soon as possible for review/approval (30-45 day notice)
- CryoPen will evaluate each request on its own merits for show value, location, cost, time allowed, conflicts with scheduling and other shows etc.
- If approved, CryoPen will reimburse the Independent Representative for a portion of the booth and electrical costs (to be determined during the review process). Full prospectus must be submitted, copy of submission form with payment copy attached. All leads must be submitted to CryoPen Inc. prior to reimbursement.
- Items needed to attend show. (example: marketing pieces, table skirt etc.)

CryoPen must receive copies of leads generated from the show within 48 hours of the end of the show for expenditure tracking. (this includes: complete address including contact and phone numbers)

REPRESENTATIVE: _____ DATE REQUEST MADE: ____/____/____

CONFERENCE NAME: _____ LOCATION: _____

START DATE: ____/____/____ END DATE: ____/____/____

WHY DO YOU FEEL THIS SHOW IS VALUABLE?

DID YOU INCLUDE PROSPECTUS WITH REQUEST: YES _____ NO _____

ITEMS NEEDED: (check all that apply) _____ Table Skirt _____ Demo Unit : (If you currently do not have one)

_____ Back Drop, etc _____ Order Forms _____ Flyers _____ Other: _____

OFFICE USE:

DATE RECEIVED: ____/____/____ DATE EVALUATED: ____/____/____

APPROVED: YES _____ NO _____ SHOW COST: \$ _____ PAYMENT DATE: ____/____/____

SHIPPED UNIT#: _____ CASE # _____ DATE: ____/____/____

TO: _____ CITY: _____ STATE: _____ ZIP _____

MATERIAL SENT: _____

