The USCAP 2013 Annual Meeting

Exhibitor Seminar Application, Payment and Cancellation Policy

The USCAP is offering a limited number of exhibitor seminar opportunities to qualified exhibitors. A seminar abstract, speaker list, completed application and 50% deposit must be submitted together. The USCAP Education Committee will review and approve all abstracts prior to the room assignments. The 50% deposit will be held pending approval of the abstract. Should the abstract not be approved, the full deposit will be returned. Please see the “exhibitor rules and regulations” for participation prior to completing the application. Space will be assigned on a first come-first served basis after approval has been granted. Deadline for application and seminar abstract is February 1, 2013, but advance submission is recommended.

You must be an exhibitor and approved by USCAP to hold a seminar.

Cancellation Policy and Fees:

1. Cancellations should be communicated to Nancy West at USCAP by phone AND with a confirming cancellation letter: United States and Canadian Academy of Pathology, 3643 Walton Way Extension, Building 6, Augusta, Georgia 30909 (706)733-7550.

2. Cancellations will be based on the following schedule:

   1. Until February 1, 2013 all commitments may be cancelled in full, less a 20% administration fee based on the payments received to date.

   2. Following the schedule of payments, any payments made after February 1, 2013, will not be refunded.

Schedule of Payments:

1. This completed Exhibitor Seminar form and all payments should be sent to Nancy West at the address listed above.

2. 50% must accompany the Exhibitor Seminar Form


Method of Payment (check one):

☐ Check (payable to United States and Canadian Academy of Pathology – U.S. Currency drawn on U.S. bank)

☐ Visa  ☐ MasterCard  ☐ American Express

Name of Cardholder: ___________________________ Exp. Date ___________________________
Amount of Payment: $__________________ Signature: ___________________________

Exhibitor contact information: (Please print)

Contact ______________________________________________________________________________
Address ______________________________________________________________________________
City & State __________________________ Postal Code __________________________
Country __________________________________________
Phone __________________________ Fax __________________________
E-mail __________________________ Website __________________________