



# International Society of Arthroscopy, Knee Surgery and Orthopaedic Sports Medicine

## 7<sup>th</sup> Biennial ISAKOS Congress

Osaka, Japan • April 5-9, 2009

### ACTIVITY REQUEST

### EXHIBIT FORM 2

Please complete this form for all requested activities and send to the ISAKOS office. All materials must be submitted to the ISAKOS Exhibits Manager no later than the date specified in the Exhibit Prospectus. Exhibitors must be in compliance with all Exhibit Regulations as outlined in the Exhibitor Prospectus as well as any additions/edits posted at [www.isakos.com](http://www.isakos.com). Please note that Exhibitor activities held outside of the exhibition must adhere to Exhibitor Meetings and Social Events schedule listed on page 12 of the Exhibitor Prospectus.

### Activity Information

Description: \_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Start Time: \_\_\_\_\_ End Time: \_\_\_\_\_

Equipment/Machinery to be utilized: \_\_\_\_\_  
\_\_\_\_\_

### Faculty/Surgeons Involved:

Name \_\_\_\_\_ Country \_\_\_\_\_

Name \_\_\_\_\_ Country \_\_\_\_\_

Name \_\_\_\_\_ Country \_\_\_\_\_

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Exhibit Contact \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_

Country \_\_\_\_\_ Phone \_\_\_\_\_ Fax \_\_\_\_\_

Contact E-mail \_\_\_\_\_

#### FOR ISAKOS OFFICE USE ONLY

- Approved  
 Approved with attached corrections-Please make necessary changes and resubmit prior to \_\_\_/\_\_\_/\_\_\_  
 Declined (Please review attached comments)