

Order Form for 2023 AED Summit Lead Management Services



Return completed contract with payment to:

Associated Equipment Distributors
Attn: Jon Cruthers
650 E. Algonquin Rd, Suite 305
Schaumburg, IL 60173
Email: jcruthers@aednet.org

Associated Equipment Distributors

2023 Summit
Jan 10th - 12th 2023
Hyatt Regency Chicago

Please do not write in this box (for office use only)





Date Rec'd: _____
ID#: _____ Space #: _____
Cost \$: _____
Deposit Rec'd \$: _____
Balance Due \$: _____
Check #: _____

Company Information

Company Name: _____
Address: _____
City: _____ ST/PR: _____ Zip/Postal Code: _____ Country: _____
Phone #: _____ Fax #: _____ Website: _____
Contact Name: _____ Contact Title: _____
E-mail: _____

Selection	Service	AED Participation Fee (paid to AED)
<input type="checkbox"/>	Lead Management Services	\$200

Method of Payment (US funds only)

    Check enclosed, payable to:
Associated Equipment Distributors

Account #: _____ Exp. Date: _____ Charge Amount: \$200

Print Name of Cardholder: _____

Cardholder's Signature: _____

Participant Acceptance

Signing this document constitutes a binding legal agreement. Participant agrees that upon acceptance of this contract by Associated Equipment Distributors, with or without appropriate payment, this contract shall become a legally binding contract. By signing this agreement, Participant agrees to purchase the services provided by AED. AED does not have access to the leads collected by the Participant. AED will not refund the participation fee if the Participant decides not to use the services after purchase.

Authorized Signature: _____ Date: _____
Print Name: _____ Title: _____