

**ISMRM ELEVENTH SCIENTIFIC MEETING & EXHIBITION  
APPLICATION/CONTRACT FOR EXHIBIT SPACE**

Metro Toronto Convention Centre ~ Technical Exhibition Dates: 12-15 July 2003



Mail completed application to: International Society for Magnetic Resonance in Medicine,  
2118 Milvia Street, Suite 201, Berkeley, CA 94704, USA.  
Telephone: +1.510.841.1899; Fax: +1.510.841.2340; E-mail: info@ismrm.org

**For ISMRM Use Only:**

Date received: \_\_\_\_\_  
Accepted: \_\_\_\_\_  
Total Points: \_\_\_\_\_  
Booth Assignment: \_\_\_\_\_

**1. Exhibitor Publication Information:** Company name and address will be published in the ISMRM Guide to the Exhibition.

COMPANY	TELEPHONE	FAX		
ADDRESS		TOLL FREE TELEPHONE		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	WEBSITE

**2. Contact Information:** The Official Representative will receive all printed ISMRM exhibit-related materials (i.e. Service Kit, invoice, and badges). Both Representatives will receive electronic correspondence.

OFFICIAL REPRESENTATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
ADDITIONAL REPRESENTATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS

**3. Mailing Address:** All printed ISMRM exhibit-related materials will be mailed to the Official Representative at this address.

COMPANY			
ADDRESS (No P.O. Box)			
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

**4. Preference:** Indicate preferred booth number(s).  
**Please note these are not final booth numbers.**

1<sup>st</sup> CHOICE \_\_\_\_\_ 2<sup>nd</sup> CHOICE \_\_\_\_\_  
We do not wish to be located near: \_\_\_\_\_

**5. Payment:** A 35% deposit is required if application is submitted prior to **10 January 2003**, after which full payment is due. VISA, MasterCard, Eurocard, and American Express accepted. Checks must be made payable to the ISMRM. Only US Funds will be accepted.

1) In-line Exhibit Space: \_\_\_\_\_ X \_\_\_\_\_ ft. x US\$24.00 = US\$ \_\_\_\_\_  
**(A minimum order of 10 x 10 ft. is required)**

2) Peninsula Exhibit Space: \_\_\_\_\_ X \_\_\_\_\_ ft. x US\$24.00 = US\$ \_\_\_\_\_  
**(A minimum order of 10 x 20 ft. required. Two corners required)**

3) Island Exhibit Space: \_\_\_\_\_ X \_\_\_\_\_ ft. x US\$24.00 = US\$ \_\_\_\_\_  
**(A minimum order of 20 x 20 ft. required. Four corners required)**

4) Corner(s) Requested: \_\_\_\_\_ corner(s) x US\$100.00 = US\$ \_\_\_\_\_

**Total Space Rental = US\$ \_\_\_\_\_**

**Deposit required (35% or 100%) = US\$ \_\_\_\_\_**

**Full payment due 10 January 2003 = US\$ \_\_\_\_\_**

Check # \_\_\_\_\_ enclosed.  Credit Card payment (Please attach card number and expiration date).  Wire Transfer (Exhibitor is responsible for ALL bank charges. Please attach details. Contact the ISMRM office for instructions).

**6. Requirements:** **1) ALL** exhibitors must provide proof of insurance (with ISMRM named as an additional insured); **2) ALL** exhibitors must provide a description of materials to be displayed within their booth space (brochures acceptable); **3)** a floor plan must be provided for booths exceeding 100 sq. ft.

**7. Terms of Agreement:** Exhibitor agrees to abide by the 2003 Exhibitor Rules and Regulations published in the Exhibitor Prospectus, which are made a part of this contract by reference and fully incorporated herein. Exhibitor agrees that this contract is subject to terms and conditions of the 2003 lease agreement for exhibit space between the Metro Toronto Convention Centre and the ISMRM. This application/contract will be complete only if the following are received by the ISMRM by **10 January 2003:** **(1)** full payment **(2)** proof of insurance (with the ISMRM named as an additional insured) **(3)** a description of all materials to be displayed and **(4)** a plan of booth space (if space ordered exceeds 100 sq. ft). The undersigned shall have the authority to act on behalf of the Exhibitor in all negotiations.

SIGNATURE OF OFFICIAL REPRESENTATIVE \_\_\_\_\_ DATE \_\_\_\_\_