



2006 Exhibitor
Exhibitor Function Space Request

DEADLINE: 3 MARCH 2006 - COMPLETE ONE FORM PER FUNCTION

Meeting Title and/or Function Name: _____

Date of Function: _____

Starting Time: _____ a.m./p.m. Ending Time: _____ a.m./p.m.

Expected Attendance: _____ Coordinator/Organization: _____

Address: _____

City _____ State _____ Country _____ Postal Code _____

Telephone: _____ Fax: _____

TYPE OF FUNCTION:

Meeting Meal Reception Other (Describe): _____

SPECIAL EQUIPMENT REQUIRED:

Overhead Projector Projectionist
 35 mm Projector Easel
 Screen Lectern
 Flip Chart Microphone
 Other (Describe): _____

ROOM SET UP:

Head Table (# of chairs required: _____)
 Theater Conference Style
 Schoolroom U-Shaped
 Hollow Square Banquet Rounds

HOTEL PREFERENCE (if any): _____

PLEASE NOTE: *After assignment has been made, the ISMRM will confirm location with you, and then convention services personnel in Seattle will contact you directly to complete catering and other arrangements.*

Please fax, or mail complete form to:

Katie Simmons, Meetings Department, 2118 Milvia Street, Suite 201, Berkeley, CA 94704 USA
Fax: +1 (510) 841-2340