

2006 Exhibitor

Exhibitor Personnel Badge Order Form

DEADLINE: 31 MARC	H 2006		
BADGE MAILING INF	ORMATION:		
Official Representative	Name:		
Company Name:			
Address:			
City	State	Country	Postal Code
Telephone:	Fax:		
E-mail Address:			
Company Name EXA	CTLY as you wish it t	o appear on badge:	
Repla ATTENDEE COMPANY	NAME NAME	quire an additional fee of l Iso cost US\$20.00.	J\$\$20.00.
COMPANY LO	JCATION	Signature of Officia	al Representative

SAMPLE BADGE

Please fax or mail completed forms to:

Katie Simmons Meetings Department International Society for Magnetic Resonance in Medicine 2118 Milvia Street, Suite 201 Berkeley, CA 94704 USA

Phone: +1 (510) 841-1899 Fax: +1 (510) 841-2340

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DEADLINE: 31 MARCH 2006

- 1) Please type or print legibly.
- 2) Include individual names and locations <u>exactly</u> as they should appear on badges. **Note:** State and Province names will not be printed on the badge.
- 3) Include names of set-up and dismantle personnel as badges will be mailed prior to the meeting.
- 4) Badges will be mailed to the Official Representative by 15 April 2006, unless onsite pick up is requested

NAME	CITY, COUNTRY

QUESTIONS?

Please contact Katie Simmons, ISMRM Director of Meetings, at katie@ismrm.org.

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