



2008 Exhibitor

Exhibitor Function Space Request

DEADLINE: 29 February 2008

Complete one form per function

Meeting Title and/or Function Name: _____

Date of Function: _____

Starting Time: _____ am/pm Ending Time: _____ am/pm

Expected Attendance: _____ Coordinator/Organization: _____

Billing Address: _____

City _____ State _____ Country _____ Postal Code _____

Telephone: _____ Fax: _____

TYPE OF FUNCTION:

☐ Meeting ☐ Meal ☐ Reception ☐ Other (Describe): _____

SPECIAL EQUIPMENT REQUIRED:

☐ LCD Projector ☐ AV technician
☐ Overhead Projector ☐ Easel
☐ Screen ☐ Lectern
☐ Flip Chart ☐ Microphone
☐ Other (Describe): _____

ROOM SET UP:

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

HOTEL PREFERENCE (if any): _____

PLEASE NOTE: *After hotel assignment has been made by the ISMRM, you will be provided with your hotel contact with whom you may work logistically on your event.*

Please fax, or mail complete form to:

Attention: Sandra Daudlin
Meetings Department
2030 Addison Street, Suite 700, Berkeley, CA 94704 USA
Fax: +1 (510) 841-2340