



10-16 MAY 2014
Milano Congressi

For ISMRM Use Only:

Date Received: _____
ID No.: _____
Order No.: _____
Total Points: _____

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 10-16 May 2014; Priority Placement Deadline: 29 November 2013

1. Exhibitor Publication Information: To be published in the ISMRM Guide to the Exhibition.

COMPANY	TELEPHONE	FAX		
ADDRESS	TOLL-FREE TELEPHONE	Email Contact Address		
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	WEBSITE

2. 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

3. Representative Information: The Official Representative will receive all printed ISMRM exhibit-related materials (i.e. invoice). Both Representatives will receive all emails.

(1)	OFFICIAL REPRESENTATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
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(2)	ADDITIONAL REPRESENTATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
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We will be emailing updates frequently. Please clearly list the additional email addresses of those you wish to include on the 2014 Exhibitor list serve:

E-MAIL ADDRESS	E-MAIL ADDRESS
E-MAIL ADDRESS	E-MAIL ADDRESS

4. Booth Preferences: The following information will be used only as a guideline in assigning your exhibit space.

Indicate preferred booth number(s):
(Please note these are not final booth numbers)

1) _____
2) _____
3) _____
4) _____

We do not wish to be located near the following companies:

1) _____
2) _____
3) _____
4) _____

JOINT ANNUAL MEETING ISMRM-ESMRMB CONTRACT FOR EXHIBITION • PAGE 2 of 2

COMPANY NAME _____

5. Booth Order:

Standard rate = US\$425.00/sq. m. | Publisher rate* = US\$400.00/sq. m.

*To qualify for the publisher rate, the company's primary business must be publishing printed and/or electronic journals, books, and/or magazines.

a) In-line Exhibit: _____ X _____ m. x US\$425 or US\$400 = US\$ _____
(A minimum order of 3 m x 3 m is required)

b) Island Exhibit: _____ X _____ m. x US\$425 or US\$400 = US\$ _____
(A minimum order of 6 m x 6 m required. Four corners required)

c) Number of corners requested (granted on first come first served basis): _____ corner(s) x US\$200.00 = US\$ _____

Total Space Rental US\$ _____

VAT # _____

All companies from Europe must provide their VAT # since VAT is applicable in their country of establishment (Reverse Charge Procedure). VAT is not applicable to companies established outside Europe.

6. Support Opportunities-Stand Out In the Crowd:

Corporate Member Level Packages:

If you are interested in Gold, Silver, Bronze or Associate Levels of ISMRM Membership, please check here and you will be contacted:

7. Payment Information:

Check, charge, or wire transfers accepted (please contact the ISMRM office for wire transfer instructions)

Check (in US\$ only): Make checks payable to: **International Society for Magnetic Resonance in Medicine** or **ISMRM**

Payment: **100% payment** (full payment due 29 November 2013) = US\$ _____

Credit Card: Please charge fees to my Visa MasterCard AMEX

Card Number _____

Expiration Date _____/_____/_____

Cardholder Name _____

Billing Street Address _____

City _____

State/Province _____

Zip Code/Postal code _____

Country _____

Payment amount US\$ _____

Signature _____

8. Terms of Agreement: Exhibitor agrees to abide by the 2014 Exhibitor Rules and Regulations published in the Exhibitor Prospectus and on the ISMRM web site, which are made a part of this contract by reference and fully incorporated herein. Exhibitor agrees that this contract is subject to the terms and conditions of the 2014 lease agreement for exhibit space between the MiCo (Milano Congressi) and the ISMRM.

Please note that contracts received without full payment will not be processed until such time when full payment is received. This Contract will be considered complete only when the following are received by 29 November 2013 by the ISMRM:

- a) **Full Payment:** Included here or Will be sent by 29 November 2013
- b) **Description of materials to be displayed:** Included here or Will be sent by 29 November 2013
- c) **Company Profile for Guide to the Exhibition:** Included here or Will be sent by 31 January 2014
- d) **Floor Plan (if booth exceeds 9 sq. meters):** Included here or Will be sent by 31 January 2014
- e) **Proof of Insurance:** Included here or Will be sent by 21 February 2014

The undersigned shall have the authority to act on behalf of the Exhibiting Company in all negotiations:

SIGNATURE OF OFFICIAL REPRESENTATIVE _____

DATE _____