



23rd Annual Meeting
 & Exhibition • 30 May–5 June 2015
 SMRT 24th Annual Meeting • 30–31 May
 Toronto, Ontario, Canada 
 www.ismrm.org • www.ismrm.org/smrt

For ISMRM Use Only:
 Date Received: _____
 ID No.: _____
 Order No.: _____
 Total Points: _____

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CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 31 May – June 5, 2015; Priority Placement Deadline: 12 December 2014

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
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3. Representative Information: If you are a Canadian exhibiting company, **PLEASE READ CAREFULLY. IN COMPLIANCE** with the recently enacted Canadian Anti-Spam law, we need to obtain permission from all representatives in order to email information to you regarding the International Society for Magnetic Resonance in Medicine, including important information about the ISMRM 23rd Annual Meeting & Exhibition, which will take place in Toronto, Ontario, Canada, 30 May through 05 June 2015. In order to receive email correspondence from us, please have each representative complete the agreement form located at: <http://www.ismrm.org/casl-opt-in-form/>. Without compliance we are unable to email you.

The Official Representative will receive all printed ISMRM exhibit-related materials (i.e. invoice). All 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 any additional email addresses of those you wish to include on the 2015 Exhibitor list serve and ensure that they are in compliance with the Canadian Anti-Spam law and on our list:

E-MAIL ADDRESS	E-MAIL ADDRESS
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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) _____

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

1) _____

2) _____

3) _____

5. Organization Designation:

All exhibitors submitting this application must check one box describing the organization's focus:

Publisher	<input type="checkbox"/>	Recruiter	<input type="checkbox"/>	Other	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	Association (Non-Profit)	<input type="checkbox"/>		
Health Care System	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>		

Company Name

6. Booth Order Early Bird Rates:

Standard rate = US\$345.00/sq. m. | Publisher/ Recruiter rate* = US\$280.00/sq. m.
Send in your contract by 12 December 2014 in order to qualify for these early bird rates.

a) In-line Exhibit: _____ X _____ m. x O USD\$345 = USD\$ _____
(A minimum order of 3 m x 3 m is required)

b) Island Exhibit: _____ X _____ m. x O USD\$345 = USD\$ _____
(A minimum order of 6 m x 6 m required. Four corners required)

c) Publisher Row Exhibit: _____ X _____ m. x O USD\$280 = USD\$ _____
(A minimum order of 3 m x 3 m required)

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

d) Recruitment Row Exhibit: _____ X _____ m. x O USD\$280 = USD\$ _____
(A minimum order of 3 m x 3 m required)

*To qualify for the recruiter rate, the company's primary business must be recruitment.

e) Number of corners requested (granted on first-come, first-served basis): _____ corner(s) x USD\$200.00 = USD\$ _____

f) Early Bird Cut Off Rate: O USD\$200 = USD\$ _____
(If this order is being processed after 12 December 2014, please apply the \$200 late fee)

Total Space Rental USD\$ _____

7. Support Opportunities - Stand Out In the Crowd:

Corporate Member Level Packages:

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

8. 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 12 December 2014) = USD\$ _____

Credit Card: Please charge fees to my O Visa O MasterCard O AMEX O Discover
Card Number _____ Expiration Date _____

Cardholder Name _____ Billing Street Address _____

City _____ State/Province _____ Zip Code/Postal code _____ Country _____

Payment amount US\$ _____

Signature _____

9. Terms of Agreement: Exhibitor agrees to abide by the 2015 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.

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 28 November 2014 by the ISMRM:

- a) Full Payment: O Included here or O Will be sent by 12 December 2014
b) Description of materials to be displayed: O Included here or O Will be sent by 16 January 2015
c) Company Profile for Guide to the Exhibition: O Included here or O Will be sent by 13 February 2015
d) Floor Plan (if booth exceeds 9 sq. meters): O Included here or O Will be sent by 13 February 2015
e) Proof of Insurance: O Included here or O Will be sent by 27 February 2015

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

SIGNATURE OF OFFICIAL REPRESENTATIVE

DATE