CONTRACT FOR EXHIBIT SPACE


   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: Official Representatives will receive all printed ISMRM exhibit-related materials (i.e. invoice) and emails.

   (1) OFFICIAL REPRESENTATIVE
    TITLE
    TELEPHONE (if different from above)
    E-MAIL ADDRESS

   (2) ADDITIONAL REPRESENTATIVE
    TITLE
    TELEPHONE (if different from above)
    E-MAIL ADDRESS

   We will be emailing updates frequently. Please clearly list the additional email addresses of those you wish to include on the 2017 Exhibitor list serve:

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

4. Booth Preferences:

   Indicate preferred booth number(s):

   1)________________________
   2)________________________
   3)________________________

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

   1)________________________
   2)________________________
   3)________________________

   Information obtained will be used only as a guideline in assigning your exhibit space. Please note these are not final booth numbers.

5. Organization Designation

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

   Publisher □  Healthcare System □  Association (Non-Profit) □
   Medical equipment □  Clinical Trials □  Pharmaceutical □
   Diagnostic & Testing □  Recruiter □  Other □
6. Booth Order:  

Standard rate = US$38.25/sq. ft. | Publisher rate* = US$29.25/sq. ft.

*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 ______________ ft. x ○ US$38.25 or ○ US$29.25 = US$ _______
   (A minimum order of 10 ft. x 10 ft. is required)

b) Island Exhibit: ______________ X ______________ ft. x ○ US$38.25 or ○ US$29.25 = US$ _______
   (A minimum order of 20 ft. x 20 ft. required. Four corners required)

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

d) If this order is being processed after Thursday, 17 November 2016, please apply a late fee of US$200 = US$ _______

Total Space Rental US$ ______________

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 17 November 2016) = US$ ______________

Credit Card: Please charge fees to my ○ Visa ○ MasterCard ○ AMEX

Card Number ___________________________  Expiration Date ______________  Three Digit Security Code ______________

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 2017 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 2017 lease agreement for exhibit space between the Hawai'i Convention Center 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 17 November 2016 by the ISMRM:

a) Full Payment: ○ Included here or ○ Will be sent by 17 November 2016

b) Description of materials to be displayed: ○ Included here or ○ Will be sent by 17 November 2016

c) Company Profile for Guide to the Exhibition: ○ Included here or ○ Will be sent by 20 January 2017

d) Floor Plan (if booth exceeds 10 sq. feet): ○ Included here or ○ Will be sent by 27 January 2017

e) Proof of Insurance: ○ Included here or ○ Will be sent by 17 February 2017

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

__________________________________________________  ______________________________
SIGNATURE OF OFFICIAL REPRESENTATIVE  DATE