



25TH Annual Meeting

& Exhibition • 22–27 April 2017
 SMRT 26th Annual Meeting • 22–24 April 2017

HONOLULU, HI, USA

www.ismrm.org • www.smrt.org



For ISMRM Use Only:

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

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 23-27 April 2017; Priority Placement Deadline: 17 November 2016

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:

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	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	<input type="checkbox"/>	Healthcare System	<input type="checkbox"/>	Association (Non-Profit)	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	Clinical Trials	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>
Diagnostic & Testing	<input type="checkbox"/>	Recruiter	<input type="checkbox"/>	Other	<input type="checkbox"/>



COMPANY NAME _____

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 _____