

ISM RM TWELFTH SCIENTIFIC MEETING & EXHIBITION
APPLICATION/CONTRACT FOR EXHIBIT SPACE
 Kyoto International Conference Hall ~ Technical Exhibition Dates: 17-20 May 2004



TO MAXIMIZE YOUR ASSIGNMENT PRIORITY, RETURN YOUR APPLICATION BY **28 NOVEMBER 2003**.
 Mail or fax completed application to: International Society for Magnetic Resonance in Medicine, 2118 Milvia Street, Suite 201, Berkeley, CA 94704, USA. T: +1.510.841.1899; F: +1.510.841.2340; E-mail: info@ismrm.org

For ISM RM Use Only:

Date received: _____
 Accepted: _____
 Total Points: _____
 Booth Assignment: _____

1. Please note the following requirements for ALL Exhibitors:

a) Proof of insurance (with ISM RM named as an additional insured); **b)** Description of materials to be displayed within their booth space (brochures acceptable); **c)** Booth sketch for booths exceeding 9 sq.meters

2. Exhibitor Publication Information: To be published in the ISM RM Guide to the Exhibition.

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

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

1) _____
 2) _____

We do not wish to be located near:

3. Mailing Address: All printed ISM RM 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 _____

4. Representative Information: The Official Representative will receive all printed ISM RM exhibit-related materials (i.e. Service Kit, invoice, and badges). Both Representatives will receive electronic correspondence.

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

We will be emailing updates frequently. Please list the email addresses of those you wish to include on the 2004 Exhibitor listserve:

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

5. Booth: A 35% deposit is required if application is submitted prior to **9 January 2004**. After 9 January 2004 full payment is due.

- 1) In-line Exhibit Space: _____ X _____ m. x US\$425.00 = US\$ _____
 (A minimum order of 3m x 3 m is required)
 - 2) Peninsula Exhibit Space: _____ X _____ m. x US\$425.00 = US\$ _____
 (A minimum order of 3m x 6 m required. Two corners required)
 - 3) Island Exhibit Space: _____ X _____ m. x US\$425.00 = US\$ _____
 (A minimum order of 6m x 6 m required. Four corners required)
 - 4) Corner(s) Requested: _____ corner(s) x US\$100.00 = US\$ _____
- Total Space Rental =** _____ US\$ _____
Deposit required (35% or 100%) = _____ US\$ _____
Full payment due 9 January 2004 = _____ US\$ _____

6. Payment information:

Payment method: Credit Card Check # _____
 If paying by credit card, please complete the following:
 Card: VISA MasterCard
 American Express
 Amount to be charged: USD _____
 Card #: _____
 Exp. Date: _____
 Cardholder's name: _____
 Signature of cardholder: _____

7. Terms of Agreement: Exhibitor agrees to abide by the 2004 Exhibitor Rules and Regulations published in the Exhibitor Prospectus, 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 2004 lease agreement for exhibit space between the Kyoto International Conference Hall and the ISM RM. This Application/Contract will be complete only if the following are received by the ISM RM on or before **9 January 2004**: (1) full payment (2) proof of insurance (with the ISM RM named as an additional insured) (3) a description of all materials to be displayed, and (4) a plan of booth space (if space ordered exceeds 9 sq. m). The undersigned shall have the authority to act on behalf of the Exhibitor in all negotiations.

SIGNATURE OF OFFICIAL REPRESENTATIVE _____ DATE _____

Exhibitors: Please keep the second copy for your records.