

ISM RM THIRTEENTH SCIENTIFIC MEETING & EXHIBITION
APPLICATION/CONTRACT FOR EXHIBIT SPACE
 Miami Beach Convention Center ~ Technical Exhibition Dates: 9-12 May 2005



TO MAXIMIZE YOUR ASSIGNMENT PRIORITY, RETURN YOUR APPLICATION BY **5 NOVEMBER 2004**.
 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: _____
 ID No.: _____
 Order No.: _____
 Total Points: _____

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 booth space (brochures acceptable); **c)** Booth sketch for booths exceeding 100 sq. feet

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 2005 Exhibitor listserve:

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

5. Booth Space: A 35% deposit is required if application is submitted prior to **3 December 2004**, after this date full payment is due.

Publisher rate* = US\$22/sq. ft. | Standard rate = US\$27/sq. ft.

a) In-line Exhibit: _____ X _____ ft. x US\$22 or US\$27 = US\$ _____
(A minimum order of 10 ft x 10 ft is required)
 b) Peninsula Exhibit: _____ X _____ ft. x US\$22 or US\$27 = US\$ _____
(A minimum order of 10 ft x 20 ft required. Two corners required)
 c) Island Exhibit: _____ X _____ ft. x US\$22 or US\$27 = US\$ _____
(A minimum order of 20 ft x 20 ft required. Four corners required)
 d) Corner(s) Requested: _____ corner(s) x US\$100.00 = US\$ _____

Total Space Rental = US\$ _____

35% Deposit required (After 3 December, 100% payment due) = US\$ _____

6. Payment information:

Payment: Credit Card Check # _____

If paying by credit card, please complete:

Card: VISA MasterCard American Express

Amount to be charged: US\$ _____

Card #: _____ - _____ - _____ - _____

Exp. Date: _____

Cardholder name: _____

Cardholder signature: _____

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

7. Terms of Agreement: Exhibitor agrees to abide by the 2005 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 2005 lease agreement for exhibit space between the Miami Beach Convention Center and the ISM RM. This Application/Contract will be complete only if the following are received by the ISM RM on or before **3 December 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 100 sq. ft.). The undersigned shall have the authority to act on behalf of the Exhibitor in all negotiations.

SIGNATURE OF OFFICIAL REPRESENTATIVE _____

DATE _____