



Joint Annual Meeting ISMRM-ESMRMB-2007
 Berlin, Germany, 19-25 May 2007

2007 Exhibitor

Exhibitor Function Space Request

DEADLINE: 2 MARCH 2007
 Complete one form per function

Meeting Title and/or Function Name: _____

Date of Function: _____

Starting Time: _____ am/pm Ending Time: _____ am/pm

Expected Attendance: _____ Coordinator/Organization: _____

Billing Address: _____

City _____ State _____ Country _____ Postal Code _____

Telephone: _____ Fax: _____

TYPE OF FUNCTION:

Meeting Meal Reception Other (Describe): _____

SPECIAL EQUIPMENT REQUIRED:

LCD Projector AV technician
 Overhead Projector Easel
 Screen Lectern
 Flip Chart Microphone
 Other (Describe): _____

ROOM SET UP:

Head Table (# of chairs required: _____)
 Theater Conference Style
 Classroom U-Shaped
 Hollow Square Banquet Rounds

HOTEL PREFERENCE (if any): _____

PLEASE NOTE: After assignment has been made, the ISMRM will confirm the location with you, and then convention services personnel in Berlin will contact you directly to complete catering, billing, and other arrangements.

Please fax, or mail complete form to:

Katie Simmons, Meetings Department, 2118 Milvia Street, Suite 201, Berkeley, CA 94704 USA
 Fax: +1 (510) 841-2340

