

The following is required for ALL Exhibitors:

- a) Full payment (*due by 30 November 2007*);
- b) Proof of insurance with ISMRM named as an additional insured;
- c) Description of materials to be displayed (*brochures acceptable*);
- d) Company profile for publication in the Guide to the Exhibition (*200 words max.*);
- e) Floorplan for booths exceeding 100 sq. feet (*Required for Peninsula and Island booths*).

For ISMRM Use Only:

Date Received: _____

ID No.: _____

Order No.: _____

Total Points: _____

1. Exhibitor Publication Information: To be published in the ISMRM Guide to the Exhibition.

COMPANY _____ TELEPHONE _____ FAX _____

ADDRESS _____ TOLL-FREE TELEPHONE _____

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

(1) _____

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

ADDITIONAL REPRESENTATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
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We will be emailing updates frequently. Please list the additional email addresses of those you wish to include on the 2008 Exhibitor list serve:

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

4. Booth Preferences: The following information will be used as a guide in assigning your exhibit space.

Indicate preferred booth number(s):

(Please note these are not final booth numbers)

1) _____

2) _____

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

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

Standard rate = US\$30.00/sq. ft. | Publisher rate* = US\$25.00/sq. ft.

a) In-line Exhibit: _____ X _____ ft. x ☐ US\$30.00 or ☐ US\$25.00 = US\$ _____

(A minimum order of 10 ft x 10 ft is required)

b) Peninsula Exhibit: _____ X _____ ft. x ☐ US\$30.00 or ☐ US\$25.00 = US\$ _____

(A minimum order of 10 ft x 20 ft required. Two corners required)

c) Island Exhibit: _____ X _____ ft. x ☐ US\$30.00 or ☐ US\$25.00 = US\$ _____

(A minimum order of 20 ft x 20 ft required. Four corners required)

d) Number of corners requested (granted on first come first served basis): _____ corner(s) x US\$125.00 = US\$ _____

Total Space Rental = US\$ _____

Payment: ☐ 35% deposit or ☐ 100% payment (full payment due 30 November 2007) = US\$ _____

6. 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**

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

Card Number _____ / _____
Expiration Date _____ 3 or 4 Digit Security Code _____

Cardholder Name _____ Billing Street Address _____

City _____ State/Province _____ Zip Code/Postal code _____ Country _____

US\$ _____
Payment amount _____ Signature _____

7. Terms of Agreement: Exhibitor agrees to abide by the 2008 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 2008 lease agreement for exhibit space between the Metro Toronto Convention Centre and the ISMRM. This Contract will be complete only if the following are received by the ISMRM on or before **30 November 2007**:

- | | | | |
|--|-------------------------------------|----|--|
| a) Full Payment: | <input type="radio"/> Included here | or | <input type="radio"/> Will be sent by 30 November 2007 |
| b) Description of materials to be displayed | <input type="radio"/> Included here | or | <input type="radio"/> Will be sent by 30 November 2007 |
| c) Company Profile for Guide to the Exhibition: | <input type="radio"/> Included here | or | <input type="radio"/> Will be sent by 1 February 2008 |
| d) Proof of Insurance: | <input type="radio"/> Included here | or | <input type="radio"/> Will be sent by 3 March 2008 |
| e) Floorplan (if booth exceeds 100 sq. feet): | <input type="radio"/> Included here | or | <input type="radio"/> Will be sent by 3 March 2008 |

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

SIGNATURE OF OFFICIAL REPRESENTATIVE _____

DATE _____

TO MAXIMIZE YOUR ASSIGNMENT PRIORITY, RETURN
YOUR CONTRACT BY: **30 NOVEMBER 2007**
Mail or fax completed contract to →

International Society for Magnetic Resonance in Medicine
2030 Addison Street, Suite 700, Berkeley, CA 94704, USA
Tel: +1.510.841.1899 Fax: +1.510.841.2340
E-mail: exhibits@ismrm.org Web site: <http://www.ismrm.org>