

Contract for Exhibit Space (Page 1 of 3)

Please complete all three pages

Step 1:

Read Exhibition Rules and Regulations (see page 12).

Step 2:

Please include the following when submitting your contract:

- All contracts are due by 1 December 2009 and must be accompanied by full payment in order to be processed. ISMRM will announce floor placement on 15 December 2009.
- Proof of commercial liability insurance, valid through the dates of the Exhibition, 28 April through 6 May 2010, with the ISMRM named as an additional insured. If an insurance certificate is not available at the time the contract is submitted, please provide no later than 60 (sixty) days prior to the start of show. (26 February 2010)
- A description of all materials to be displayed. Brochures are acceptable.
- Diagram of booth space, if space ordered exceeds 9 square meters. All diagrams will be reviewed by the ISMRM and Champion, its Exhibition Manager, to ensure compliance with rules, regulations, and fire codes. If booth plan has not been finalized at the time Contract is submitted, please provide no later than 60 (sixty) days prior to the start of the exhibition.
- If you have a preference to the location of your booth, please indicate this in the "Optional" section of the Contract. We do our best to honor preferences. Please refer to the floor plan on page 10 of this prospectus for booth space numbers.

Step 3:

Complete the 2010 Exhibitor Contract, sign to indicate acceptance of Exhibitor Rules and Regulations, and fax, email, or mail to the ISMRM Meetings Department with full payment.

For ISMRM Use Only:

Date Received: _____

ID No.: _____

Order No.: _____

Total Points: _____

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 2-6 May 2010; Priority Placement Deadline: 1 December 2009

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:

 The Official Representative will receive all printed ISMRM exhibit-related materials (i.e. invoice). Both Representatives will receive all 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 list the additional email addresses of those you wish to include on the 2010 Exhibitor list serve:

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

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COMPANY NAME _____

4. Booth Preferences: The following information will be used as a guide in assigning your exhibit space. Note that this year, all ISMRM Corporate Members have been placed on our exhibit floor and that is the actual area where they will be situated on our floor in Stockholm.

Indicate preferred booth number(s):

(Please note these are not final booth numbers)

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

1) _____

1) _____

2) _____

2) _____

3) _____

3) _____

4) _____

4) _____

5. Booth Order:

Standard rate = USD\$425.00/sq.m. | Publisher rate* = USD\$400.00/sq.

**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 _____ m. x USD\$400 or USD\$425 = USD\$ _____

(A minimum order of 3 m x 3 m is required)

b) Peninsula Exhibit: _____ X _____ m. x USD\$400 or USD\$425 = USD\$ _____

(A minimum order of 3 m x 6 m required. Two corners required)

c) Island Exhibit: _____ X _____ m. x USD\$400 or USD\$425 = USD\$ _____

(A minimum order of 6 m x 6 m required. Four corners required)

d) Number of corners requested **(Each corner is USD\$125.00)**: _____ corner(s) x USD\$125.00 = USD\$ _____

(Granted on first come first served basis)

Plus Swedish VAT @ 25% _____

Total Space Rental (inclusive of VAT) USD\$ _____

6. Sponsorship Opportunities-Stand Out In the Crowd:

Upper Level Sponsorship Packages:

If you are interested in Gold, Silver, Bronze or Associate Levels of ISMRM Sponsorship, please check here and you will be contacted:

Other Sponsorship Opportunities are available through ISMRM. These costs represent the sponsorship cost only. Other operational costs will be discussed with you.

<input type="checkbox"/> Conference Pen	USD\$2,500	<input type="checkbox"/> Banners	USD\$2,500
<input type="checkbox"/> Conference Water	USD\$2,500	<input type="checkbox"/> Lanyards	USD\$5,000
<input type="checkbox"/> Conference T-Shirt	USD\$5,000	<input type="checkbox"/> Proceedings DVD and/or Educational Syllabi	USD\$7,500
<input type="checkbox"/> Internet Café	USD\$10,000	<input type="checkbox"/> Educational Courses	USD\$10,000
<input type="checkbox"/> Convention Bag Inserts	USD\$2,500	<input type="checkbox"/> Coffee Breaks	USD\$10,000
<input type="checkbox"/> Speaker Ready Room	USD\$10,000	<input type="checkbox"/> Opening Reception	USD\$5,000
<input type="checkbox"/> Advertisements in the Guide to the Exhibition	USD\$2,500+	<input type="checkbox"/> Closing Reception	USD\$5,000
<input type="checkbox"/> Program-at-a-Glance Booklet	USD\$5,000	<input type="checkbox"/> Meeting Website	USD\$10,000

Total Sponsorship Opportunities: _____

Total Space and Sponsorship Costs: _____

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Please complete all three pages

COMPANY NAME _____

7. 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 1 December 2009) = USD\$ _____ (inclusive of Swedish VAT @ 25%)

All exhibitors will be issued a VAT Invoice which will enable them to either use it as deductible VAT in their local VAT Return or apply for a refund of the VAT.
EU-based Corporations are to provide their VAT number in order for their VAT invoice to be compliant with the VAT Rules & Regulations.

VAT No. _____

Non-EU-based Corporations will also be issued VAT invoices which will be used for VAT reclaim purposes.

Credit Card: Please charge fees to my Visa MasterCard AMEX

Card Number _____ / _____
Expiration Date

Cardholder Name _____

Billing Street Address _____

City _____ State/Province _____

Zip Code/Postal code _____ Country _____

Payment amount USD\$ _____

Signature _____

8. Terms of Agreement: Exhibitor agrees to abide by the 2010 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 2010 lease agreement for exhibit space between the Stockholm International Fairs 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 complete only if the following are received by the ISMRM on or before **1 December 2009**:

- a) **Full Payment:** Included here or Will be sent by 1 December 2009
- b) **Description of materials to be displayed** Included here or Will be sent by 1 December 2009
- c) **Company Profile for Guide to the Exhibition:** Included here or Will be sent by 15 January 2010
- d) **Proof of Insurance:** Included here or Will be sent by 12 February 2010
- e) **Floor Plan (if booth exceeds 9 sq. meters):** Included here or Will be sent by 12 February 2010

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

SIGNATURE OF OFFICIAL REPRESENTATIVE _____

DATE _____

Maximize Your Assignment Priority by 1 December 2009

Return your contract by 1 December 2009 with full payment. Mail, fax, or email completed contract to:

International Society for Magnetic Resonance in Medicine
2030 Addison St., Suite 700
Berkeley, California, USA
Tel: +1 510 841 1899 • Fax: +1 510 841 2340
Email: exhibits@ismrm.org
<http://www.ismrm.org>