



elbourne  
A U S T R A L I A

## 2012 Exhibitor

### Exhibitor Function Space Request

**DEADLINE: 17 February 2012**  
*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 hotel assignment has been made by the ISMRM, you will be provided with your hotel contact with whom you may work logistically on your event.*

#### Please fax, or mail complete form to:

Attention: Sandra Daudlin  
[Sandra@ismrm.org](mailto:Sandra@ismrm.org)  
Meetings Department  
2030 Addison Street, Suite 700, Berkeley, CA 94704 USA  
Fax: +1 (510) 841-2340