

FOR ISMRM USE ONLY:

DATE RECEIVED: \_\_\_\_\_ ID NO: \_\_\_\_\_

ORDER NO: \_\_\_\_\_ TOTAL POINTS: \_\_\_\_\_

## CONTRACT FOR EXHIBIT SPACE (page 1 of 2)

### JOINT ANNUAL MEETING ISMRM-ESMRMB

Technical Exhibition Dates: 16-21 June 2018

**PRIORITY PLACEMENT DEADLINE: 18 DECEMBER 2017**

#### **1. Exhibitor Publication Information:** To be published in the 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:** Official Representatives will receive all printed ISMRM exhibit-related materials (i.e. invoice) and 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 clearly list the additional email addresses of those you wish to include on the 2018 Exhibitor listserv:

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

#### **4. Booth Preferences:**

Indicate preferred booth number(s):

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

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

- 1) \_\_\_\_\_
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Information obtained will be used only as a guideline in assigning your exhibit space. Please note these are not final booth numbers.

#### **5. Organization Designation**

All exhibitors submitting this application must check one box describing the organization's focus:

Publisher	<input type="checkbox"/>	Healthcare System	<input type="checkbox"/>	Association (Non-Profit)	<input type="checkbox"/>
Medical equipment	<input type="checkbox"/>	Clinical Trials	<input type="checkbox"/>	Pharmaceutical	<input type="checkbox"/>
Diagnostic & Testing	<input type="checkbox"/>	Recruiter	<input type="checkbox"/>	Other	<input type="checkbox"/>

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JOINT ANNUAL MEETING ISMRM-ESMRMB • Technical Exhibition Dates: 16–21 June 2018

COMPANY NAME \_\_\_\_\_

## 6. Booth Order: Standard rate = US\$450.00/sq. m. | Publisher rate\* = US\$385.00/sq. m.

\*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  US\$450.00 or  US\$385.00 = US\$ \_\_\_\_\_  
 (Minimum order of 3m x 3m is required)

b) Island Exhibit: \_\_\_\_\_ X \_\_\_\_\_ m. x  US\$450.00 or  US\$385.00 = US\$ \_\_\_\_\_  
 (Minimum order of 6m x 6m required. Four corners required)

c) Number of corners requested (granted on first come first served basis): \_\_\_\_\_ corner(s) x US\$200.00 = US\$ \_\_\_\_\_

d) If this order is being processed after Monday, 18 December 2017, please apply a late fee of US\$200.00 = US\$ \_\_\_\_\_

e) European Union Member's VAT # \_\_\_\_\_ Total Space Rental US\$ \_\_\_\_\_

## 7. Support Opportunities-Stand Out In the Crowd • Corporate Member Level Packages:

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

**8. 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

At this time we can only process credit card payments for US\$10,000.00 or less.\*

Payment: 100% payment (full payment due by Monday, 18 December 2017) = US\$ \_\_\_\_\_

Credit Card: Please charge fees to my  Visa  MasterCard  AMEX

Card Number \_\_\_\_\_ / \_\_\_\_\_ Expiration Date \_\_\_\_\_ Three Digit Security Code \_\_\_\_\_

Cardholder Name \_\_\_\_\_ Billing Street Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip Code/Postal code \_\_\_\_\_ Country \_\_\_\_\_

Payment amount US\$ \_\_\_\_\_ Signature \_\_\_\_\_

**9. Terms of Agreement:** Exhibitor agrees to abide by the 2018 Exhibitor Rules and Regulations published in the Exhibitor Prospectus and on the ISMRM website, 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 2018 lease agreement for exhibit space between the Paris expo Porte de Versailles and the ISMRM.

Cancellation of exhibit space must be made in writing on or before: Monday, 29 January 2018, for a full refund (minus a US\$200.00 administration fee) of monies paid. If space is canceled after Monday, 29 January 2018, there will be no refund, and ISMRM will retain as liquidated damages all monies paid.

Please note that contracts received without full payment will not be processed until such time when full payment is received. This Contract will be considered complete only when the following are received by Monday, 18 December 2017 by the ISMRM:

- a) **Full Payment:**  Included here or  Will be sent by 18 December 2017
- b) **Description of materials to be displayed:**  Included here or  Will be sent by 18 December 2017
- c) **Company Profile for Guide to the Exhibition:**  Included here or  Will be sent by 12 February 2018
- d) **Floor Plan (if booth exceeds 9 sq. metres):**  Included here or  Will be sent by 26 February 2018
- e) **Proof of Insurance:**  Included here or  Will be sent by 05 March 2018

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

SIGNATURE OF OFFICIAL REPRESENTATIVE \_\_\_\_\_

DATE \_\_\_\_\_