



For ISMRM Use Only:

Date Received: _____ ID No.: _____ Order No.: _____ Total Points: _____

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 18-23 April 2020; Priority Placement Deadline: 03 December 2019

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

COMPANY	TELEPHONE			
TOLL-FREE TELEPHONE	EMAIL CONTRACT ADDRESS	WEBSITE		
ADDRESS	CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY

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.

(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 2020 Exhibitor LISTSERV:

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

4. Booth Preferences:

We wish to be located near the following companies:

- 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.

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"/>

6. Booth Order:**Standard rate = US\$450/square meter**

a) In-line Exhibit: _____ m X _____ m X US\$450 = US\$ _____
(Minimum order of 3m x 3m is required)

b) Island Exhibit: _____ m X _____ m X US\$450 = 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 = US\$ _____

d) If this order is being processed after Tuesday, 03 December 2019, please apply a late fee of US\$200 = US\$ _____
Plus 10% Australian GST= US\$ _____
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 or wire transfer payment is preferred (US\$25 bank fee for wire transfers. Please contact the ISMRM office for wire transfer instructions.)

Checks (in US\$ only). Make checks payable to: **International Society for Magnetic Resonance in Medicine or ISMRM**

Payment: **100% payment** (due by Tuesday, 03 December 2019) = US\$ _____

9. Terms of Agreement: Exhibitor agrees to abide by the 2020 Exhibitor Rules and Regulations published 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 2020 lease agreement for exhibit space between the ICC Sydney and the ISMRM. Cancellation of exhibit space must be made in writing on or before: Monday, 13 January 2020 for a full refund (minus a US\$100 administration fee) of monies paid. If space is canceled after Monday, 13 January 2020, 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.

a) **100% Payment:** Included here or Will be sent by 03 December 2019

b) **Description of materials to be displayed:** Included here or Will be sent by 03 December 2019

c) **Company Profile for Guide to the Exhibition:** Included here or Will be sent by 21 January 2020

d) **Floor Plan (if booth exceeds 9 sq. meters):** Included here or Will be sent by 27 January 2020

e) **Proof of Insurance:** Included here or Will be sent by 05 April 2020

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

SIGNATURE OF OFFICIAL REPRESENTATIVE

DATE

PLEASE EMAIL CONTRACT TO: shan@ismrm.org or Fax To: + 1 510 841 2340