

For SMRT Use Only:

Date Received:

ID No.:

Order No.:

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates:17-19 April 2020; Priority Placement Deadline: 03 December 2019

1. Exhibitor Publication Information: To be published in the SMRT Program Guide

COMPANY		TELEPHONE					
TOLL-FREE TELEPHONE		EMAIL CONTRACT ADDRESS		WEBSITE			
ADDRESS		CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY		
2. Mailing Address	S: All printed S	MRT exhibit-related material	s will be mailed to the C	Official Representative	e at this address.		
COMPANY							
ADDRESS (No P.O. Box)							
CITY		STATE/PROVINCE	ZIP/POSTAL CC	DE COU	COUNTRY		
3. Representative	Information	1: Official Representatives	vill receive all printed S	MRT exhibit-related r	naterials.		
(1)							
OFFICIAL REPRESENTATIVE	<u> </u>	TITLE	TELEPHONE (if different from	above) E-M	E-MAIL ADDRESS		
<u>(2)</u>							
ADDITIONAL REPRESENTA		TITLE Please clearly list the add	TELEPHONE (if different from above) E-MAIL ADDRE				
E-MAIL ADDRESS			E-MAIL ADDRES	SS			
E-MAIL ADDRESS			E-MAIL ADDRES	38			
4. Booth Preferen	Ces'						
We <u>wish</u> to be located near the following companies:		ompanies:	We do not wish to be located near the following companies:				
1 <u>)</u>			1 <u>)</u>				
2 <u>)</u>			2 <u>)</u>				
3 <u>)</u>			3)				
Information obtained wil	I be used only a	s a guideline in assigning	your exhibit space.				
5. Organization De	esignation this application	n must check one box des	cribing the organization	on's focus:			
Publisher		Healthcare Syst	em 🗆	Assoc	ciation (Non-Profit)		
Medical Equipment		Clinical Trials			naceutical		
Diagnostic & Testing		Recruiter		Other			

6. Booth Order:

Standard rate = US\$1,000.00 per table

Included: 2.4m (8') draped table, table sign, 2 chairs, and wastebasket for exhibit purposes. (Shipping, drayage, electricity and internet not included. These and other items can be ordered via the ISMRM/SMRT Service Kit)

a) Exhibit Space:	Number of Tables X US \$1,000 = US\$	
b) If this order is being processed after Tuesday, 03 December 2019, pl	ease apply a late fee of US\$100 = US\$	
c) Corporate Member Discount <i>if applicable</i>		
d) ISMRM Exhibitor Discount Rate 10% if applicable		
e) Bank Wire Fee US\$25 <i>if applicable</i>		
f) Plus 10% Australian GST= US\$		
g) Total Space Rental US\$		

Payment Information: Check or wire transfer payment is preferred (US\$25 bank fee for wire transfers. Please contact the SMRT office for wire transfer instructions.)

Checks (in US\$ only). Make checks payable to: Society for MR Radiographers/Technologist or SMRT

100% payment (due by Tuesday, 03 December 2019) = 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 Sponsorship, please check here and you will be contacted.

8. Terms of Agreement: Exhibitor agrees to abide by the 2020 Exhibitor Rules and Regulations published on the SMRT 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 SMRT. 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 SMRT 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:
- b) Description of materials to be displayed:
- c) Company Profile for SMRT Program Guide
- d) Proof of Insurance:

□Included here or □ Will be sent by 03 December 2019
□Included here or □ Will be sent by 03 December 2019
□ Included here or œWill be sent by 21 January 2020
œIncluded here or œWill 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