ISMRM 2011 EXHIBITOR PROSPECTUS

Call +1 510 841 1899 or email sandra@ismrm.org for assistance.

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For ISMRM Use Only:

Date Received:

Order No.:____

ID No.:___

				Total Points:
Technical Ex	CONTRA cal Exhibition Dates: 8-12 May		FOR EXHIBIT SPACE 11; Priority Placement Dea	adline: 3 December 2010
1. Exhibitor Pub	olication Informa	tion: To be publis	shed in the ISMRM Guide to the Exhibitio	n.
COMPANY	TELEPHO	ONE	FAX	
ADDRESS	TOLL-FR	EE TELEPHONE	Email Contact Address	
CITY	STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY	WEBSITE
2. Mailing Addre	ess: All printed ISMR	M exhibit-related ma	terials will be mailed to the Official Repre	sentative at this address.
COMPANY				
ADDRESS (No P.O. Box)				
CITY		STATE/PROVINCE	ZIP/POSTAL CODE	COUNTRY
Both Representatives w (1) OFFICIAL REPRESENTAT		TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
(2) ADDITIONAL REPRESENT	TATIVE	TITLE	TELEPHONE (if different from above)	E-MAIL ADDRESS
We will be emailing up Exhibitor list serve:	odates frequently. Plea	ase clearly list the a	dditional email addresses of those you	u wish to include on the 2011
E-MAIL ADDRESS			E-MAIL ADDRESS	
E-MAIL ADDRESS			E-MAIL ADDRESS	
4. Booth Prefere	ences: The following	ງ information will be ເ	used only as a guideline in assigning you	r exhibit space.
Indicate preferred booth (Please note these are	number(s): not final booth number	ers)	We do not wish to be located	near the following companies:
1)			1)	
2)			2)	
3)			3)	
4)			4)	

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	COMPANY NAME			
5. Booth Order: Standard rate = US\$345.00/sq.m	n. Publisher rat	e* = US	\$280.00/sq. m.	Pa
To qualify for the publisher rate, the company's primary business must	t be publishing printed	and/or ele	ectronic journals, books, and/or magazine	S.
In-line Exhibit: X Minimum order of 3 m x 3 m is required)	m. x ○ US\$34	5 or ○ し	JS\$280 = US\$	
NR size to E 1717	0.110004	5 O .	100000 1100	
Peninsula Exhibit:X	m. x ∪ US\$34	.5 or ∪ C	JS\$280 = US\$	
) Island Exhibit:XX minimum order of 6 m x 6 m required. Four corners required)	m. x ○ US\$34	5 or ○ L	JS\$280 = US\$	
A minimum order of 6 m x 6 m required. Four corners required)				
Number of corners requested (granted on first come first served				
	Т	otal Spa	ce Rental = US\$	
Fyou are interested in Gold, Silver, Bronze or Associate will be contacted:	Levels of ISMRM	Sponso	rship, please check here and you	I
heck (in US\$ only): Make checks payable to: International Society f	or Magnetic Resona	nce in Me	dicine or ISMRM	
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heck (in US\$ only): Make checks payable to: International Society f ayment: 100% payment (full payment due 3 December 2010 redit Card: Please charge fees to my O Visa ard Number ardholder Name Payment amount US\$ Terms of Agreement: Exhibitor agrees to abide by the 20 nd on the ISMRM web site, which are made a part of this contract by rubject to the terms and conditions of the 2011 lease agreement for exilease note that contracts received without full payment will not b ontract will be considered complete only when the following are received a) Full Payment:	On Magnetic Resonal On Some Master Card On M	d Regulat orporated ne Palais och time willo by the	Country Cou	
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SIGNATURE OF OFFICIAL REPRESENTATIVE