

# ISMRRM 27th Annual Meeting & Exhibition



**11-16 May 2019**  
Montréal, QC, Canada



## For ISMRM Use Only:

Date Received: \_\_\_\_\_ ID No.: \_\_\_\_\_ Order No.: \_\_\_\_\_ Total Points: \_\_\_\_\_

## CONTRACT FOR EXHIBIT SPACE

**Technical Exhibition Dates: 11-16 May 2019; Priority Placement Deadline: 12 December 2018**

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

COMPANY	TELEPHONE	FAX		
ADDRESS	TOLL-FREE TELEPHONE	EMAIL CONTRACT 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.

(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 2019 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"/>

COMPANY NAME

**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 Wednesday, 12 December 2018, please apply a late fee of US\$200 = 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, charge or wire transfers accepted (US\$25 bank fee for wire transfers. 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 or less.**

**Payment: 100% payment** (due by Wednesday, 12 December 2018) = US\$ \_\_\_\_\_

**Credit Card:** Please charge fees to my  Visa  MasterCard  AMEX

Card Number	_____	Expiration Date	_____/_____/_____	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 2019 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 2019 lease agreement for exhibit space between the The Palais des congrès de Montréal and the ISMRM. Cancellation of exhibit space must be made in writing on or before: Wednesday, 23 January 2019, for a full refund (minus a US\$100 administration fee) of monies paid. If space is canceled after Wednesday, 23 January 2019, 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 12 December 2018
- b) **Description of materials to be displayed:**  Included here or  Will be sent by 12 December 2018
- c) **Company Profile for Guide to the Exhibition:**  Included here or  Will be sent by 06 February 2019
- d) **Floor Plan (if booth exceeds 9 sq. meters):**  Included here or  Will be sent by 26 February 2019
- e) **Proof of Insurance:**  Included here or  Will be sent by 05 April 2019

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

SIGNATURE OF OFFICIAL REPRESENTATIVE

DATE

**PLEASE FAX CONTRACT TO: + 1 510 841 2340 or EMAIL TO: [shan@ismrm.org](mailto:shan@ismrm.org)**