

# ASNR 42nd Annual Meeting Technical Exhibition Request for Exhibitor Appointed Contractor (EAC)

*(Please type or print clearly using a ball point pen)*

**Note:** *Company and Exhibitor Appointed Contractor representatives will be notified when online Service Kit is available. Your designated Exhibitor Appointed Contractor will receive the link to the online Service Kit. (Mailed originals upon request.)*

Company \_\_\_\_\_  
Official Representative \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ E-mail **(Required)** \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_  
Signature \_\_\_\_\_

Exhibitor Appointed Contractor \_\_\_\_\_  
Contact \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_  
Country \_\_\_\_\_ E-mail **(Required)** \_\_\_\_\_  
Telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_

**Note:** *Request must be accompanied by an original Certificate of Insurance.*

## Mail To:

American Society of Neuroradiology  
Attention: Lora J. Tannehill, CMP  
2210 Midwest Road, Suite 207  
Oak Brook, IL 60523-8205 USA

## Phone, Fax, E-Mail (for additional information)

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Fax: (630) 574-1740  
E-mail: ltannehill@asnr.org

