

Exhibit Space Application Contract

Technical Exhibition Dates: Tuesday, June 8 - Thursday, June 10, 2004

Complete both sides of this **CONTRACT**. Retain a copy for your records and return the original with a product brochure and deposit as outlined in "Terms of Payment" (refer to reverse side). Application will not be processed without deposit and product brochure.

Official Representative

The signer of this application or his/her designee shall be the Official Representative of the exhibitor. Space contract and all future mailings pertaining to exhibits will be addressed to the signer with a copy to the additional contact. If no additional contact is indicated, the Official Representative shall be the only person authorized to act on behalf of the exhibitor.

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

Company _____

Note: The company name should appear **EXACTLY** as you would like it to appear in all publications and the online Virtual Exhibition web site.

Official Representative _____ Title _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail **(Required)** _____

Telephone (____) _____ Fax (____) _____

Signature of Official Representative _____ Date _____

By signing this contract, the Official Representative agrees that the Exhibitor will abide by the terms and conditions set forth in the Exhibitor Rules and Regulations which are made part of this contract by reference and are fully incorporated herein.

Additional Contact

Additional Contact _____ Title _____

Company _____

Address _____

City _____ State/Province _____ Zip/Postal Code _____

Country _____ E-mail **(Required)** _____

Telephone (____) _____ Fax (____) _____

THIS IS NOT A BINDING CONTRACT UNTIL COUNTERSIGNED BY THE ASNR.

Lora J. Tannehill, CMP
ASNR Director of Scientific Meetings

Date

Booth #

Don't Forget to Include:

- ▲ Original completed and signed Exhibit Space Application/Contract
- ▲ Virtual Exhibition Form *(include 100-word company/product description)*
- ▲ 20% Deposit made payable to ASNR
- ▲ Products/Services Brochure(s) or CD-ROMs

Seattle
ASNR 2004

Exhibit Space Application continued → → →

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

1. Products/Services to be displayed: **(Application will not be processed unless a product brochure, cd, etc. accompanies this form).**

2. Please indicate space requirements.

In-Line (i.e. 10' x 10', 10' x 20', 10' x 30', etc.)

Indicate Dimensions: 10' x _____'

Corner Requested (\$125/each)

Booth Configuration Requires Corner (\$125/each)

Peninsula: 2 Corners Required (minimum size of 20' x 10')

Indicate Dimensions: 20' x _____'

Free-Form: 4 Corners Required (minimum size of 20' x 20')

Indicate Dimensions: _____' x _____'

3. Indicate preference in booth location from the floor plan (page 16). Two or more booths may be combined for a single larger exhibit.

1st Choice

2nd Choice

3rd Choice

4. We wish to be **NEAR** the following companies:

5. We ask **NOT** to be near the following companies:

6. Please rate the following preferences from 1 - 3 in order of importance. (1 = most important and 3 = least important)

Assignment Priority: _____ Floor Location _____ Competitor Proximity _____ Corner Location (if applicable)

7. Special Utilities Required:

8. Exhibitor Fees: (for exhibitor use)

Total Square. Ft. _____	@ \$30.00/square. ft. (Standard) = \$ _____
Total Square. Ft. _____	@ \$20.00/square. ft. (Publisher) = \$ _____
Corners Requested _____	@ \$125.00/each corner = \$ _____
	TOTAL = \$ _____
AMOUNT ENCLOSED (minimum 20% deposit required) = \$ _____	

Payment Information

CHECK: Check # _____ Amount _____ *Please make checks payable to ASNR (U.S. funds only).*

CREDIT CARD: VISA Mastercard American Express

Card Number _____ Expiration Date _____

Name on Card (Please Print) _____ Signature _____

Cardholder's Billing Address _____

Terms of Payment

Exhibit space will be rented at the rate of \$30.00 per square foot for standard exhibitors and \$20.00 per square foot for publishers. An additional charge of \$125.00 is added to the base price for each corner. A deposit for 20% of the total cost of booth space must accompany this completed application, with the remaining balance due by **Friday, March 12, 2004. Please make checks payable to the ASNR.** Only U.S. funds will be accepted. Applications will not be processed without deposit. Exhibit space fee includes participation in the ASNR 42nd Annual Meeting Social Program as outlined in the Social Program Participation section of the Exhibitor Rules and Regulations. **Exhibiting companies are required to have 100% of representative participation in the ASNR housing block at the Sheraton Seattle Hotel & Towers to receive a 10% discount on total booth rental fees to be issued post-meeting.**

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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 E-mail: ltannehill@asnr.org

