



24th Annual Meeting & Exhibition • 07–13 May 2016

www.ismrm.org • info@ismrm.org

S I N G A P O R E



For ISMRM Use Only:

Date Received: _____
 ID No.: _____
 Order No.: _____
 Total Points: _____

CONTRACT FOR EXHIBIT SPACE

Technical Exhibition Dates: 08-12 May, 2016; Priority Placement Deadline: Friday, 04 December 2015

1. Exhibitor Publication Information:

To be published in the ISMRM Exhibition Guide.

COMPANY		TELEPHONE	FAX		
ADDRESS		TOLL-FREE TELEPHONE		EMAIL CONTACT 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:

The Official Representative will receive all printed ISMRM exhibit-related materials (i.e. invoice). Both Representatives will receive all emails.

(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 2016 Exhibitor Updates:

E-MAIL ADDRESS	E-MAIL ADDRESS
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4. Booth Preferences:

The following information will be used only as a guideline in assigning your exhibit space.

Indicate preferred booth number(s):
 (Please note these are not final booth numbers)

We do not wish to be located near the following companies:

1) _____
 2) _____
 3) _____

1) _____
 2) _____
 3) _____

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 Early Bird Rates:

Standard rate = US\$425/sq. m | Publisher/ Recruiter rate* = US\$325/sq. m
Send in your contract by Friday, 04 December 2015 in order to qualify for these early bird rates.

**To qualify for the publisher rate, the company's primary business must be publishing printed and/or electronic journals, books, and/or magazines.*

a) In-line Booth: _____ m X _____ m X US\$425 = US\$ _____
 (A minimum order of 3 m x 3 m required)

b) Island Booth: _____ m X _____ m X US\$425 = US\$ _____
 (A minimum order of 6 m x 6 m required. Four corners required)

c) Publisher Row Booth: _____ m X _____ m X US\$325 = US\$ _____
 (A minimum order of 3 m x 3 m required)

**To qualify for the publisher row rate, the company's primary business must be publishing printed and/or electronic journals, books and/ or magazines.*

d) Recruitment Row Booth: _____ m X _____ m X US\$325 = US\$ _____
 (A minimum order of 3 m x 3 m required)

**To qualify for the recruiter row rate, your company's only purpose on the floor must be recruitment.*

e) Number of corners requested (granted on first-come, first-served basis): _____ corner(s) X US\$200 = US\$ _____

f) If this order is being processed after Friday, 04 December 2015, 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 (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**

Payment: 100% payment (full payment due Friday, 04 December 2015) = US\$ _____

Credit Card: Please charge fees to my Visa MasterCard AMEX
 _____ / _____
 Card Number Expiration Date

 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 2016 Exhibitor Rules and Regulations published in the Exhibitor Prospectus and on the ISMRM website, 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 2016 lease agreement for exhibit space between the Suntec Singapore Convention & Exhibition Centre and the ISMRM.

Please note that contracts received without full payment will not be processed until such time when full payment has been received. This Contract will be considered complete only when the following are received by Friday, 04 December 2015 by the ISMRM:

- Full Payment:** Included here or Will be sent by Friday, 04 December 2015
- Description of materials to be displayed:** Included here or Will be sent by Friday, 04 December 2015
- Company Profile for Guide to the Exhibition:** Included here or Will be sent by Friday, 05 February 2016
- Floor Plan (if booth exceeds 9 sq. meters):** Included here or Will be sent by Friday, 12 February 2016
- Proof of Insurance:** Included here or Will be sent by Friday, 26 February 2016

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

SIGNATURE OF OFFICIAL REPRESENTATIVE _____

DATE _____