

Exhibit Space Application/Contract

TECHNICAL EXHIBITION DATES:
SUNDAY, MAY 19 - WEDNESDAY, MAY 22, 2019
HYNES CENTER, BOSTON, MA

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)

Company _____

Note: The company name should appear EXACTLY as you would like it to appear in all publications and the Online Exhibition Listing.

Official Representative _____

Title _____

Address _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail (Required) _____ Cell Phone (_____) _____

Work Phone (_____) _____ 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 and grant to the ASNR the right to use photos taken at the ASNR 57th Annual Meeting that include my company's booth and representatives in promotional materials for future meetings.

ADDITIONAL CONTACT

Additional Contact _____ Title _____

Address (if different than above) _____

City _____ State/Province _____

Zip/Postal Code _____ Country _____

E-mail (Required) _____ Cell Phone (_____) _____

Work Phone (_____) _____ Fax (_____) _____

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

Claude Adomaitis
Technical Exhibits Manager

Booth #

Date

Exhibit Space Application/Contract

(CONTINUED)

(Please type or print clearly)

Company _____

EXHIBITOR INFORMATION

In-Line: (i.e. 10' x 10', 10' x 20', 10' x 30', etc.) Indicate
Dimensions: 10' x _____'
Corner Requested: (\$135.00/each)
End Cap: 10' x 20'
2 Corners Required (\$135.00/each)

Free-Form/Island: Indicate Dimensions: _____' x
_____'

4 Corners Required (\$135.00/each) (minimum size of 20' x 20')

IMPORTANT: The required booth size MUST NOT exceed sixteen feet (16') in height.

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

2. Indicate preference for booth location from the floor plan. Two or more booths may be combined for a single larger exhibit.

1st Choice

2nd Choice

3rd Choice

3. We wish to be NEAR the following companies:

4. We ask NOT to be near the following companies:

5. 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)

6. Special Utilities Required:

7. Exhibitor Fees: (for exhibitor use)

Total Square Ft. _____	@ \$34.00/square. ft. (Standard)	= \$ _____
Total Square Ft. _____	@ \$24.00/square. ft. (Publisher)	= \$ _____
Corners Requested _____	@ \$135.00/each corner	= \$ _____

SUBTOTAL = \$ _____

TOTAL = \$ _____

(minimum 20% deposit required) **AMOUNT ENCLOSED** = \$ _____

BALANCE DUE = \$ _____

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 \$34.00 per square foot for standard exhibitors and \$24.00 per square foot for publishers. An additional charge of \$135.00 is added to the base price for each corner. A deposit for 25% of the total cost of booth space must accompany this completed application, with the remaining balance due by Friday, April 19, 2019. **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 57th Annual Meeting Social Programs.

RETURN TO:

 American Society of Neuroradiology
Att: Technical Exhibits Department
800 Enterprise Drive, Suite 205
Oak Brook, IL 60523-4216 USA

 **Phone:** (630) 574-0220, ext. 229

 **Fax:** (630) 574-0661

 **E-mail:** cadomaitis@asnr.org