

Exhibit Space Application/Contract

TECHNICAL EXHIBITION DATES: MONDAY, JUNE 4 - WEDNESDAY, JUNE 6, 2018

Complete both pages 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 [page 21](#)). 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)

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 56th 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.

Lora J. Tannehill, CMP-HC
ASNR Director of Scientific Meetings

Booth #

Date

Exhibit Space Application/Contract

(CONTINUED)

(Please type or print clearly)

Company _____

EXHIBITOR INFORMATION

(Must submit booth diagram layout by Friday, March 23, 2018)

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

Indicate Dimensions: 10' x _____'

Corner Requested: (\$125.00/each)

Peninsula: Indicate Dimensions: 20' x _____'

2 Corners Required (\$125.00/each)

Free-Form: Indicate Dimensions: _____' x _____'
4 Corners Required (\$125.00/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 ([page 19](#)). 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. _____	@ \$30.00/square. ft. (Standard)	= \$ _____
Total Square Ft. _____	@ \$20.00/square. ft. (Publisher)	= \$ _____
Corners Requested _____	@ \$125.00/each corner	= \$ _____

SUBTOTAL = \$ _____

10% DISCOUNT (if using ASNR housing) = \$ _____




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 \$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, April 27, 2018. **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 56th Annual Meeting Social Programs. Exhibiting companies are required to have 100% of representative participation in the ASNR housing block to receive a 10% discount on total booth rental fees. Housing Forms must be submitted by Friday, April 6 to received this discount.

RETURN TO:

 American Society of Neuroradiology
Attention: Lora Tannehill, CMP-HC
Director of Scientific Meetings
800 Enterprise Drive, Suite 205
Oak Brook, IL 60523-4216 USA

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

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

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