

# EXHIBIT SPACE APPLICATION/CONTRACT

## TECHNICAL EXHIBITION DATES: APRIL 24 - 26, 2017

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 17](#)). 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 55<sup>th</sup> 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

**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')

(Must submit booth diagram layout by **Friday, March 10, 2017**)

**IMPORTANT: The required booth size MAY 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 15](#)). 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 = \$ _____
	<b>TOTAL</b> = \$ _____
	(minimum 20% deposit required) <b>AMOUNT ENCLOSED</b> = \$ _____
	<b>BALANCE DUE</b> = \$ _____

## 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 10, 2017. **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 55<sup>th</sup> Annual Meeting Social Program. 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 to be issued post-meeting.

### 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](mailto:ltannehill@asnr.org)