

# Exhibit Space Application/Contract

**TECHNICAL EXHIBITION DATES:  
SUNDAY, MAY 31 - WEDNESDAY, JUNE 3, 2020  
CAESARS PALACE, LAS VEGAS, NV**

## 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 57<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.**

\_\_\_\_\_  
Lynn Brown  
Director of 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: (\$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, and must submit booth diagram layout by March 27, 2020.**

**PRODUCT ELIGIBILITY: All products and services exhibited must be directly related to the teaching or practice of radiology. Exhibitors may only display those products and services that they regularly manufacture or distribute.**

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 Monday, April 13, 2020. **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 58th 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

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

 **E-mail:** [lbrown@asnr.org](mailto:lbrown@asnr.org)