



Exhibit Space Contract

- Please reserve space for our exhibit at the Society for Cardiovascular Magnetic Resonance (SCMR) Annual Scientific Sessions at the Gaylor National Hotel & Convention Center from February 2 to February 4, 2017. Enclosed are:
1. Completed and signed APPLICATION / CONTRACT
 2. Full payment of booth fee(s)

COMPANY INFORMATION *(person listed below will receive all conference materials and communications)*

COMPANY NAME _____
 CONTACT NAME _____ TITLE _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____ COUNTRY _____
 PHONE _____ FAX _____
 EMAIL _____ WEBSITE _____

BOOTH SELECTION

BOOTH SPACE RATES

Includes: pipe and drape booth and identification sign

| | | |
|-----------------------------|----------|----------|
| Regular Inline Rate (10x10) | \$3,800 | \$ _____ |
| Corner Booth Rate (10x10) | \$4,000 | \$ _____ |
| Premium Island Rate (20x20) | \$16,000 | \$ _____ |
| Publisher | \$1,500 | \$ _____ |
| Custom | | \$ _____ |

Booth choices are 1. _____ 2. _____ 3. _____

Once Show Management receives Application/Contract and full payment, a confirmation of booth space is sent to you.

We prefer not to be near: _____

We prefer to be near: _____

Show Management reserves the right to alter the floor plan and/or reassign any exhibit location if deemed necessary for the good of the show.

EXHIBIT MARKETING PACKAGE \$7,000 \$ _____

AGREEMENT

Rules and regulations contained within this Exhibitor Prospectus, on the reverse side of this agreement and within the Exhibitor Service Kit are an integral part of this agreement. It is understood by the undersigned that the Society for Cardiovascular Magnetic Resonance (SCMR) rules and regulations govern all exhibit activities. It is also understood that the undersigned is an authorized agent of the above listed company and authorized by the company to contract for exhibit space at the Society for Cardiovascular Magnetic Resonance Annual Meeting as indicated above and has carefully read, understands and accepts the Terms and Conditions and Rules and Regulations of the Exhibit Space Agreement.

Signature _____ Print Name _____ Title _____ Date _____

PAYMENT INFORMATION

A deposit of 50% of the total due must accompany this Application. Payment in full is due by November 30, 2016.

| | | |
|---------------|----------|--------------------|
| Booth Amount: | \$ _____ | Total (US Dollars) |
| Payment now | \$ _____ | Initial _____ |
| Final Payment | \$ _____ | Initial _____ |

METHOD OF PAYMENT:

- Company Check **Payable to the Society for Cardiovascular Magnetic Resonance (SCMR)**
Checks must be drawn in US funds on a US bank.
- Credit Card Please complete information below.
 Email form to gpozielli@talley.com.
- Wire Transfer SCMR will provide bank details.

Authorized Signature _____

Print Name _____

Visa MasterCard American Express CC# _____

EXP. DATE _____ CVV# _____ (required)



Corporate Support Application

COMPANY INFORMATION *(person listed below will receive all conference materials and communications)*

COMPANY NAME _____

CONTACT NAME _____ TITLE _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ COUNTRY _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____

MARKETING & SUPPORT OPPORTUNITIES:

Please indicate your choices below by checking the boxes preceding the opportunity. First-come, First-Served. A previous year's sponsor is given the option of confirming sponsorship for the same function at next year's conference before the function will be offered to another organization. Sponsors can be exhibitors or non-exhibitors, for-profit or non-profit.

| | | | |
|--|-----------|--|----------|
| <input type="checkbox"/> Lunch Symposia | \$ 20,000 | <input type="checkbox"/> SCMR/ISMRM Preconference Workshop | \$ 2,500 |
| <input type="checkbox"/> Product Theater | \$ 10,000 | <input type="checkbox"/> Affiliate Meeting Space | \$ 2,000 |
| <input type="checkbox"/> Conference Tote Bags | \$ 7,500 | <input type="checkbox"/> Conference Tote Bag Insert: One promotional item <i>(SCMR approval required)</i> | \$ 1,000 |
| <input type="checkbox"/> Exhibitor Marketing Package | \$ 7,000 | Meeting App | |
| <input type="checkbox"/> Charging Station | \$ 6,000 | <input type="checkbox"/> Landing Page | \$ 4,000 |
| <input type="checkbox"/> Photo Booth | \$ 6,000 | <input type="checkbox"/> Banner Ad | \$ 1,500 |
| <input type="checkbox"/> Lanyards | \$ 5,000 | Final Program Book Advertisements | |
| <input type="checkbox"/> Hotel Key Cards | \$ 5,000 | <input type="checkbox"/> Inside Back Cover | \$ 2,000 |
| <input type="checkbox"/> Travel Award Support | \$ 5,000 | <input type="checkbox"/> Full Page | \$ 1,500 |
| <input type="checkbox"/> Hotel Room Drop | \$ 4,000 | <input type="checkbox"/> Half Page | \$ 750 |
| <input type="checkbox"/> Coffee Breaks | \$ 3,000 | | |

SUBMIT APPLICATION

Via mail: Society for Cardiovascular Magnetic Resonance, Exhibits Department, 19 Mantua Road, Mt. Royal, NJ 08061
 Via email: Gina Pozielli - gpozielli@talley.com

QUESTIONS?

Questions: Please contact Gina Pozielli, Meetings and Exhibits Coordinator at (856) 423-7222 ext. 227 or via email at gpozielli@talley.com.

PAYMENT INFORMATION

A deposit of 50% of the total due must accompany this Application. Payment in full is due by November 30, 2016.

METHOD OF PAYMENT:

- Company Check *Payable to the Society for Cardiovascular Magnetic Resonance (SCMR). Checks must be drawn in US funds on a US bank.*
- Credit Card *Please complete information below. See Submit Application section for delivery method.*
- Wire Transfer *SCMR will provide bank details.*

Visa MasterCard American Express

CC# _____ EXP. DATE _____

Authorized Signature _____

Print Name _____

| | |
|----------------------------|---|
| For OFFICE USE ONLY | |
| Sponsorship Assigned _____ | Confirmation Date _____ |
| Check # _____ | Amount received _____ Date payment received _____ |



Exhibit Directory Form

**Email to gpozielli@talley.com
NO LATER than November 30, 2016**

The **Society for Cardiovascular Magnetic Resonance Exhibitor Directory** will be distributed to each Conference registrant as part of the Final Program and official meeting app. This provides the registrant with your company contact information as well as a brief description of your product or service. Don't let this complimentary opportunity slip by!!!

Please provide your company name and address below, along with a **75-word company/product description** EXACTLY as you wish it to appear in the Final Program and meeting app.

| | | | | | |
|------------------------|--|---------------|----------------------|--------------|------------------|
| _____ COMPANY NAME | | | _____ BOOTH # | | |
| _____ ADDRESS | | _____ CITY | _____ STATE | _____ ZIP | _____ COUNTRY |
| _____ PHONE NUMBER | | | _____ FAX NUMBER | | |
| _____ EMAIL ADDRESS | | | _____ WEB ADDRESS | | |

75-word (maximum) description. (Please type or print clearly.)

In order for us to better understand your products and services, please complete the following:

Product Name _____

Product Category:

- | | | |
|---|--|---|
| <input type="checkbox"/> Contrast agents | <input type="checkbox"/> Medical information | <input type="checkbox"/> Publishers |
| <input type="checkbox"/> Medical imaging equipment | <input type="checkbox"/> Pharmaceuticals | <input type="checkbox"/> Medical device |
| <input type="checkbox"/> Patient monitoring | <input type="checkbox"/> Imaging software | <input type="checkbox"/> PACS |
| <input type="checkbox"/> Diagnostic imaging systems | <input type="checkbox"/> MRI support equipment | <input type="checkbox"/> Other: |

Questions? Contact Gina Pozielli at (856) 423-7222 ext. 227 or gpozielli@talley.com