

Exhibit Booth Contract

Annual Biomedical Research Conference for Minority Students (ABRCMS)
November 8–11, 2006 ■ Anaheim Convention Center & Marriott Hotel ■ Anaheim, California

Step 1: Exhibitor Contact Information (Must be typed)

All conference correspondence will be sent to the person and address listed below. This person is responsible for forwarding all materials to agents, representatives and/or booth personnel. Enter information as you wish for it to appear in conference materials.

Name of Person Attending Conference _____

Institution/Organization _____

Division/Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____

E-mail _____ URL _____

(if provided, will be available on ABRCMS web site)

Type of Exhibitor: Educational Institution Federal/Government Agency Foundation/Research Hospital
 Association/Non-Profit Industry Other _____

Years of Exhibiting at ABRCMS (select all that apply): 2001 2002 2003 2004 2005 New Exhibitor

On-Site Judging Availability: Yes, I am available to judge poster and/or oral presentations at the conference. No, I am not available to judge.

The undersigned hereby authorizes ABRCMS to reserve exhibit space for use by the above Institution or Organization. The undersigned hereby acknowledges receipt of and agrees to abide by the Exhibit Rules and Regulations, and to all conditions under which exhibit space is leased to the ABRCMS. The undersigned acknowledges that space assignments shall be acceptable unless the ABRCMS is notified in writing within fifteen (15) days of the date of assignment notification.

Authorized Signature _____ Date _____

Name _____ Title _____

Step 2: Exhibit Booth Preference

Please indicate the exhibit booth number you are requesting.

Number of Booths Requesting (circle): 1 2 3 4

1st Choice _____

2nd Choice _____

3rd Choice _____

The person listed above will automatically receive a conference registration. Any additional exhibit booth personnel must register separately by submitting the online conference registration form found at <http://www.abrcms.org/reg.asp>. Conference registration opens May 1, 2006.

Step 3: Payment Information

Enclose the completed contract and full payment to reserve an exhibit booth for the 2006 ABRCMS. ASM Federal Tax I.D. #38-1616141. **Purchase orders are not acceptable and will be returned for proper payment.**

Premier Booth(s) @ \$1,800 each _____

Prime Booth(s) @ \$1,500 each _____

Total Amount Due: _____

Step 4: Payment Method (check one):

Check or Money Order (made out to ASM)

VISA MasterCard American Express

Card Number _____

Name on Card _____

Expiration Date _____

Signature _____

Cancellation Policy

All exhibit booth cancellations must be in writing and must be postmarked by October 2, 2006. Requests must be submitted to the ABRCMS exhibit address listed on this form. A refund of the payment, minus a \$200 administrative fee, will be given for cancellations received by that date. No refunds will be granted after October 2, 2006.

Please mail or fax completed exhibit booth contract with full payment to:

ABRCMS Exhibits
American Society for Microbiology
Education Department
1752 N Street, NW
Washington, DC 20036
Fax: 202-942-9329