

Exhibit Space Application & Contract

JUNE 4-7, 2009 • CHARLOTTE, NORTH CAROLINA • CHARLOTTE CONVENTION CENTER



Date: _____

New Exhibitor: Yes No

1. Exhibitor Information:

Complete company information exactly as it should appear in all official SIIM publications.

Company Name _____

Address _____

City/State/Zip/Country _____

Company Phone _____

Company Fax _____

Website _____

2. Exhibitor Contact Information:

All information and communications will be sent to the contact listed below.

Name _____

Title _____

Address _____

City/State/Zip/Country _____

Contact Phone _____

Fax _____

Email _____

3. Exhibit Booth:

Fees: \$35.00 per square foot for Standard Exhibitor
\$31.50 per square foot for SIIM Corporate Member Exhibitor

Size: (10 x 10, 20 x 20) _____ x _____ = _____ total square feet

Selections: 1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

Booth Location: We would like to be near: _____

We do not want to be near: _____

4. Payment Summary:

SIIM Standard Exhibitor: _____ sq. ft. x \$35.00 = \$ _____

SIIM Corporate Member Exhibitor: _____ sq. ft. x \$31.50 = \$ _____

SIIM Corporate Membership: New Member Renewal \$2,000 = \$ _____

Meeting & Demonstration Room: Number of Rooms _____ x \$2,000 = \$ _____

Location: 1st choice _____ 2nd choice _____

TOTAL AMOUNT ENCLOSED \$ _____

5. Terms of Payment: Payment must be received in full with your Exhibit Space Application & Contract. Payment may be made by check payable to SIIM 2009, or wire transfer for international companies only. Keep a copy of the Application & Contract for your records. A signed, fully executed contract will be returned to you upon acceptance. **No booth assignment shall be made until receipt of full payment.** Please make checks (in U.S. funds drawn on a U.S. bank) payable to SIIM 2009. Return your signed application/contract and full payment to: SIIM 2009, 19440 Golf Vista Plaza, Suite 330, Leesburg, VA 20176.

6. Agreement: We hereby apply to be an exhibitor at the SIIM 2009 Annual Meeting in Charlotte, North Carolina. We agree to abide by the Terms and Conditions and the SIIM 2009 Exhibitor Rules & Regulations, which are made a part of this contract by reference and fully incorporated herein. We agree that once signed by both parties this will be a binding contract.

Authorized Exhibitor Signature _____

Date _____

SIIM Signature _____

Date _____

7. Product Description: Please provide a description of the products to be exhibited from your booth. Please limit the description to 55–60 words and to actual products to be demonstrated in your booth. Registered trademark (™), copyright symbols (©), italics and boldface cannot be used in company profiles. If more than 55–60 words are submitted, SIIM reserves the right to edit the description. **To facilitate accuracy and production of meeting materials, SIIM requests that you also email your product description entry to SIIM2009@siimweb.org.**

8. Product Category Selection: You may select a maximum of five (5) categories.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Product Categories:

- | | | |
|---|--|---|
| Archiving Services (ASP) | Furniture | Publications |
| CD/DVD Distribution | Image Processing System | Reporting System |
| Clinical Decision Support | Imaging Devices (CR, DR, Fluoro, etc.) | Speech Recognition Systems |
| Computer Aided Diagnosis | Image Distribution | Storage Media, Fixed (RAID, juke box, silo) |
| Consulting Services | Information Systems-RIS, HIS, EMR | Storage Media, Portable (CD, DVD, etc.) |
| CPOE (Computerized Physician Order Entry) | Interface Hardware/Software | Teleradiology Services |
| Digital Breast Imaging | Internet Services | Teleradiology Systems |
| Digital Radiology | Networking, Local | Web-based Report Distribution |
| Digitizers, Film | Networking, Web-based | Workstations |
| Displays/Monitors | PACS, Enterprise | 3D Imaging Software |
| Document Management | PACS, Modality | Other _____ |
| Educational Services | Printers | |

Questions: If you have any questions or need additional information, please contact Andrea Saris, Director of Meetings, at 703-723-0432, ext. 313 or asaris@siimweb.org.

Special Needs: Individuals needing auxiliary aids or services as identified in the Americans with Disabilities Act, please call the SIIM office at 703-723-0432, ext. 313.



Send Application & Contract to:

SIIM 2009
 19440 Golf Vista Plaza
 Suite 330
 Leesburg, VA 20176
 Phone: 703-723-0432, ext. 313
 Fax: 703-723-0415

