

ABRF 2010 APPLICATION/CONTRACT FOR EXHIBIT SPACE

SACRAMENTO CONVENTION CENTER • SACRAMENTO, CALIFORNIA USA • MARCH 20 - 23, 2010

We hereby apply for exhibit space at the above named Conference. In making application, we agree to exhibit under and comply with the rules and regulations printed on the reverse side, with rules and regulations in the exhibit manual, and all correspondence issued prior to the Conference. Each company must return a copy of this contract, properly executed by an authorized company representative with 20% deposit prior to assignment of space. Exhibit Management will attempt to assign space according to applicant's continuity with the Conference, application date, individual applicant requirements and available space. Exhibit Management reserves the right to rearrange the floor plan and/or relocate exhibits in the best interests of the total exhibit. Applications must be received by January 31, 2010 to be listed in the Meeting Program.

CONTACT INFORMATION *(Please print exactly as you would like it to appear in Meeting Program and materials)*

Company _____ Contact _____

Corporate Address _____ Mail Stop _____

City _____ State _____ Postal Code _____ Country _____

Tel _____ Fax _____ Email _____

If different from above, please address future ABRF exhibit correspondence to:

Name _____ Contact _____

Address _____ Mail Stop _____

City _____ State _____ Postal Code _____ Country _____

Tel _____ Fax _____ Email _____

BOOTH SELECTION

Configuration Inside 10' x 10' _____ By December 31, 2009 = **\$2,300**; On or after Jan. 1, 2010 = \$2,400

Corner 10' x 10' _____ By December 31, 2009 = **\$2,500**; On or after Jan. 1, 2010 = \$2,600

Booth Preference (See floor plan at www.abrf2010.org for available booths)

#1 _____ #2 _____ #3 _____ #4 _____ Total # of booths _____

Please (check one) DO DO NOT locate us near the following companies: _____

PAYMENT INFORMATION

20% of total due within 30 days receipt of application. 100% of total due by December 31, 2009.

Credit Card Information

Name as shown on card _____ TOTAL \$ _____

Check one: VISA MasterCard American Express Discover

Credit Card Number _____ Expiration Date _____ / _____ / _____

Make check payable to the Association of Biomolecular Resource Facilities (ABRF)

Mail check and application/contract to: ABRF c/o Courtesy Associates

2025 M Street, NW, Suite 800 • Washington, DC 20036

Tel: 202.973.8670 • Fax: 202.331.0111

We understand that by signing this contract, we agree to abide by the policies of the Association of Biomolecular Resource Facilities (ABRF) regarding rules and regulations and limitation set forth or referred to on the reverse side of this application/contract and all correspondence issued.

Approved by _____ Title _____

Print Signature _____ Date _____ / _____ / _____

ABRF Sponsorship Management Office Use Only

Accepted Date _____ / _____ / _____ Booth Numbers _____ No. of Booths Assigned _____

Size _____ Configuration _____ Priority # _____ Approved By _____