

Exhibit Space Application & Contract

JUNE 3-6, 2010 ♦ MINNEAPOLIS, MINNESOTA ♦ MINNEAPOLIS 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 2010, 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 2010. Return your signed application/contract and full payment to SIIM 2010, 19440 Golf Vista Plaza, Suite 330, Leesburg, VA 20176.

6. Agreement: We hereby apply to be an exhibitor at the SIIM 2010 Annual Meeting in Minneapolis, Minnesota. We agree to abide by the Terms and Conditions and the SIIM 2010 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 descriptions. **To facilitate accuracy and production of meeting materials, SIIM requests that you also email your product description entry to SIIM 2010@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)	Image Processing System	Reporting System
CD/DVD Distribution	Imaging Devices (CR, DR, Fluoro, etc.)	Speech Recognition Systems
Clinical Decision Support	Image Distribution	Storage Media, Fixed (RAID, juke box, silo)
Computer Aided Diagnosis	Information Systems-RIS, HIS, EMR	Storage Media, Portable (CD, DVD, etc.)
Consulting Services	Interface Hardware/Software	Teleradiology Services
CPOE (Computerized Physician Order Entry)	Internet Services	Teleradiology Systems
Digital Breast Imaging	Networking, Local	Web-based Report Distribution
Digital Radiology	Networking, Web-based	Workstations
Digitizers, Film	PACS, Enterprise	3D Imaging Software
Displays/Monitors	PACS, Modality	Other _____
Document Management	Printers	
Educational Services	Publications	
Furniture		

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 2010
19440 Golf Vista Plaza
Suite 330
Leesburg, VA 20176
Phone: 703-723-0432, ext. 313
Fax: 703-723-0415