

Main Exhibit Booth Contract

Annual Biomedical Research Conference for Minority Students (ABRCMS)
November 10–13, 2010 ■ Charlotte Convention Center
Charlotte, North Carolina



Step 1: Exhibitor Contact Information (MUST BE TYPED) Please complete all fields.

All conference correspondence will be sent to the individual(s) listed below.

Name of Primary Contact _____

Primary Contact E-mail _____ Primary Contact Phone _____

Institution/Organization _____

Please send me information on: Raffle Donations Purchasing an Ad Sponsorship

Type of Exhibitor: Educational Institution Federal/Government Agency Foundation/Research Hospital
 Association/Non Profit Industry Other (Please Specify) _____

Years of Exhibiting at ABRCMS (select all that apply): 2001 2002 2003 2004 2005 2006 2007 2008 2009 New Exhibitor

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 exhibit space will be forfeited if it is not occupied by the close of the exhibit set-up period 12:00 p.m. on Thursday, November 11, 2010. ABRCMS reserves the right to re-issue unoccupied space as it sees fit.

Authorized Signature _____ Date _____

Name (print or type) _____ Date _____

Step 2: Exhibit Booth Preference

Number of booths requesting: 1 2 Other _____

1st Choice _____

2nd Choice _____

3rd Choice _____

Most important to my space assignment is: Proximity to

Main Aisle Entrance Posters

The person listed as attending the conference 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/page03a.html>.

Conference registration opens March 31, 2010.

Please fax, email, or mail completed exhibit booth contract to:

Fax: (202) 403-3513

E-mail: smcbean@asmusa.org

ABRCMS Exhibits

American Society for Microbiology

Education Department

1752 N Street, NW • Washington, DC 20036

Step 3: Payment Information (check one):

The completed contract with full payment must be received to reserve an exhibit booth for the 2010 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 _____
(shaded gray on floor plan)

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

Total Amount Due: _____

Step 4: Payment Method (check one):

Check or Money Order (made out & mailed to ASM)

VISA MasterCard American Express

Card Number _____

Name on Card _____

Expiration Date _____

Signature _____

For cancellation requests, complete the form located at www.abrcms.org/Cancellation.html. A refund of the payment minus a \$200 processing fee will be given for cancellations received by October 1, 2010. No refunds will be granted after October 1.

Step 5: Primary Attendee Information:

Please note the demographics listed below are for the person attending the conference, not the primary contact. Please enter all information as you wish it to appear in all conference materials: exhibitor guide, booth signage, conference program, website listing, registration confirmations, etc.

Name of Person Attending Conference _____
ABRCMS staff will process this individual's complimentary conference registration.

- Person attending conference is same as Primary Contact
- Person attending conference is to be determined (attendee information must be submitted by September 1, 2010)

Institution/Organization _____

Division/Department _____

Address _____

City _____ State _____ Zip _____

Phone _____ Fax _____ E-mail _____

URL: _____
As it should be appear on the ABRCMS website

Step 6: Demographic Information for Attendee:

Gender: Male Female

Ethnicity:

- Black/African American
- Hispanic of Latino
- Pacific Islander or Alaska Native
- Asian American
- Native American
- Caucasian
- Other (please specify) _____

Scientific Category:

(Select the option that best fits your area of expertise)

- Biochemical Sciences
- Neuroscience
- Microbiological Sciences
- Social & Behavioral Sciences & Public Health
- Molecular Sciences
- Physiological Sciences
- Cell Biological Sciences
- Chemical Sciences
- Physical Sciences & Mathematics
- Developmental Biological Sciences
- Other (please specify) _____
- Not Applicable

Home Institution:

- Doctoral University (including medical school/college)
- Masters College or University
- Baccalaureate College (4 year institution)
- Community College
- Not Applicable
- Other (please specify) _____

Home Institution Classification

- Historically Black College or University (HBCU)
- Tribal/ Native American College
- Hispanic Serving Institute (HSI)
- Other Institution of Higher Learning
- Not Applicable

Program Affiliation:

- MARC
- MBRS
- BRIDGES
- MBRS-RISE
- MBRS-SCORE
- IMSD
- HHMI
- McNAIR
- NSF-AMP
- Jack Kent Cook Foundation
- Gates Foundation
- MARC USTAR
- Not Applicable
- Other (please specify) _____