

# Postdoctoral Recruitment Fair 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. 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 Primary Contact/Conference Attendee \_\_\_\_\_

Primary Contact E-mail \_\_\_\_\_ Primary Contact Phone \_\_\_\_\_

Institution/Organization \_\_\_\_\_

Division/Department \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

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 Main Exhibit Hall (select all that apply):

2001  2002  2003  2004  2005  2006  2007  2008  2009  New Exhibitor

Are you a new ABRCMS Postdoctoral Recruitment Fair Exhibitor?  Yes  No

Years of Exhibiting at ABRCMS Postdoctoral Recruitment Fair (select all that apply):  2008  2009

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 \_\_\_\_\_

## Step 2: Exhibit Booth Preference

Number of booths requesting:  1  2  Other \_\_\_\_\_

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

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](mailto:smcbean@asmusa.org)

ABRCMS Exhibits  
American Society for Microbiology  
Education Department  
1752 N Street, NW • Washington, DC 20036

For cancellation requests, complete the form located at [www.abrcms.org/Cancellation.html](http://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.

Name (print or type) \_\_\_\_\_ Date \_\_\_\_\_

## Step 3: Payment Information

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.**

Postdoctoral Booth(s) @ \$1,250 each \_\_\_\_\_  
(Includes 1 conference registration)

Postdoctoral Booth(s) @ \$350 each \_\_\_\_\_  
Only for exhibitors who purchased a booth  
in the Main Exhibit Hall  
(Does NOT include conference registration)

Main Hall Primary Contact/Booth # \_\_\_\_\_

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 \_\_\_\_\_