ABRCMS encourages institutions, organizations, and departments, with similar interests, to “cluster” within the ABRCMS exhibit hall. Clustering allows institutions, organizations, or departments to reserve booths next to one another. Parties that wish to cluster typically share a common interest, alliance or work together in some capacity.

Tuesday, April 14 – Clustering Intent Form Deadline
Tuesday, April 8 – Priority Exhibit Registration Opens for Clusters
Tuesday, April 14 (10:00 am CDT) – Deadline for Cluster Members to Submit Contract
Friday, May 15 – Payment Deadline

For clusters of five or more booths, ABRCMS offers priority exhibit booth registration, which allows clusters to reserve booth locations before general exhibit registration opens. Clustering Intent Form (pages 2/3) must be submitted by Tuesday, April 14 by 10 am CDT to be eligible for priority exhibit registration. To participate in clustering, all members of your cluster must pay by credit card; no exceptions. There is NO limit to the amount of exhibit space a single institution can reserve.

Steps for Clustering Exhibit Booths:

1. Complete this clustering Intent Form by Tuesday, April 14 at 10:00 am CDT and submit to ABRCMS at dkarlov@corcexpo.com.
2. Cluster assignments will be made on Wednesday, April 15 based on the number of booths in a cluster (larger clusters are assigned first).
3. Each member within the cluster must complete individual exhibit booth contract by 10:00 am CDT on Wednesday, April 15. This contract will be online and sent via a link to the email address provided.
4. Any member within the cluster that does not submit a completed exhibit booth contract by 10:00 am CDT on Wednesday, April 15 will forfeit their booth within the cluster. Booth(s) will be released to the public for purchase at 12:00 noon CDT on April 15.
5. Payment will be due in full by May 15, a secure payment link will be provided for the credit card payment (credit card is the only form of payment for clusters).

* If member(s) of your cluster forfeit a booth which results in your cluster being less than five (5) booths, all booths within the cluster will be released and the remaining members will have to register during general registration. In the case that booths are released, show management reserves the right to consolidate the cluster.

** Primary contact listed on the cluster intent form is responsible for communicating these guidelines to all members of the cluster. Assignments will be e-mailed to the primary contact only but each exhibitor is responsible for submitting their own contract and payment via the secure link provided.
Clustering Intent Form
Annual Biomedical Research Conference for Minority Students (ABRCMS)
San Antonio, Texas November 11 - 14, 2020

List all confirmed members of your cluster below. Intent form deadline is Tuesday, April 14, 2020 by 10:00 am CDT. Forms received after April 14 will not be eligible for cluster registration.

Cluster Name: ______________________________________________________________________________________

Total Number of Booths in Cluster: ______________________

Member 1 (cluster’s primary contact):
Contact Name ____________________________________________
Email ____________________________________________
Institution ____________________________________________
Department ____________________________________________
Phone Number ____________________ Preferred Booth # (1st choice) ________ (2nd choice) __________

As the primary contact for the cluster, I agree to the ABRCMS clustering guidelines listed above and understand that I am responsible for communicating the ABRCMS instructions and guidelines for clustering to all parties interested and listed below.

________________________________________________________________________________________
Signature ______________________________________________________________________________
Date

Member 2:
Contact Name ____________________________________________
Email ____________________________________________
Institution ____________________________________________
Department ____________________________________________
Phone Number ____________________ Preferred Booth # (1st choice) ________ (2nd choice) __________

Member 3:
Contact Name ____________________________________________
Email ____________________________________________
Institution ____________________________________________
Department ____________________________________________
Phone Number ____________________ Preferred Booth # (1st choice) ________ (2nd choice) __________
Member 4:
Contact Name _______________________________
Email ________________________________________
Institution ________________________________________________________________________________
Department ________________________________________________________________________________
Phone Number ____________________________ Preferred Booth # (1st choice) __________ (2nd choice) __________

Member 5:
Contact Name _______________________________
Email ________________________________________
Institution ________________________________________________________________________________
Department ________________________________________________________________________________
Phone Number ____________________________ Preferred Booth # (1st choice) __________ (2nd choice) __________

Member 6:
Contact Name _______________________________
Email ________________________________________
Institution ________________________________________________________________________________
Department ________________________________________________________________________________
Phone Number ____________________________ Preferred Booth # (1st choice) __________ (2nd choice) __________

Member 7:
Contact Name _______________________________
Email ________________________________________
Institution ________________________________________________________________________________
Department ________________________________________________________________________________
Phone Number ____________________________ Preferred Booth # (1st choice) __________ (2nd choice) __________

Member 8:
Contact Name _______________________________
Email ________________________________________
Institution ________________________________________________________________________________
Department ________________________________________________________________________________
Phone Number ____________________________ Preferred Booth # (1st choice) __________ (2nd choice) __________
Submit Clustering Intent Form by April 14 at 10:00 am CDT to: Dan Karlov, dkarlov@corcexpo.com
Questions? Call (312) 265-9641 or E-mail dkarlov@corcexpo.com