

SCMR 22ND ANNUAL SCIENTIFIC SESSIONS

Global CMR: Innovation and Clinical Outcomes

February 6 - 9, 2019

Bellevue, WA USA - Hyatt Regency Bellevue on Seattle's Eastside



Exhibit Space Contract

Please reserve space for our exhibit at the Society for Cardiovascular Magnetic Resonance (SCMR) Annual Scientific Sessions at the Hyatt Regency Bellevue on Seattle's Eastside from February 6 to February 9, 2019. Enclosed are:

1. Completed and signed APPLICATION / CONTRACT
2. Full payment of booth fee(s)

COMPANY INFORMATION *(person listed below will receive all meeting communications)*

Company Name _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____ Website _____

Booth Selection

Booth space rates

Includes: pipe and drape booth and identification sign Booth choices are 1. 2. 3.

Regular Inline Rate (10x10) \$4,000 \$ _____ Booth Choices 1. _____ 2. _____ 3. _____

Corner Booth Rate (10x10) \$4,250 \$ _____ We prefer not to be near: _____

Premium Island Rate (20x20) \$16,000 \$ _____ We prefer to be near: _____

Exhibit marketing package \$8,000 \$ _____

AGREEMENT

Rules and regulations contained within this Exhibitor Prospectus, on the reverse side of this agreement and within the Exhibitor Service Kit are an integral part of this agreement. It is understood by the undersigned that the Society for Cardiovascular Magnetic Resonance (SCMR) rules and regulations govern all exhibit activities. It is also understood that the undersigned is an authorized agent of the above listed company and authorized by the company to contract for exhibit space at the Society for Cardiovascular Magnetic Resonance Annual Meeting as indicated above and has carefully read, understands and accepts the Terms and Conditions and Rules and Regulations of the Exhibit Space Agreement.

Signature _____ Print Name _____ Title _____ Date _____

PAYMENT INFORMATION

A deposit of 50% of the total due must accompany this Application. Payment in full is due December 1, 2018.

Booth Amount \$ _____ Total (US Dollars)

Payment Now \$ _____ Initial _____

Final Payment \$ _____ Initial _____

METHOD OF PAYMENT

Company Check Payable to Society for Cardiovascular Magnetic Resonance (SCMR)

Credit Card Please contact ppomilio@talley.com for secure link

Wire Transfer SCMR will provide bank details.

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Corporate Support Application

COMPANY INFORMATION *(person listed below will receive all meeting communications)*

Company Name _____

Contact Name _____ Title _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Email _____ Website _____

MARKETING & SUPPORT OPPORTUNITIES

<input type="checkbox"/> Satellite Symposium	\$ 20,000	<input type="checkbox"/> Coffee Breaks	\$ 3,000
<input type="checkbox"/> Product Theater	\$ 10,000	<input type="checkbox"/> Software Face-Off Session	\$ 3,000
<input type="checkbox"/> Conference tote Bags	\$ 7,500	<input type="checkbox"/> Affiliate Meeting Space	\$ 2,000
<input type="checkbox"/> Exhibitor Marketing Package	\$ 8,000	<input type="checkbox"/> Meeting App Banner Ad	\$ 1,500
<input type="checkbox"/> Charging Station	\$ 6,000	<input type="checkbox"/> Meeting Website Banner Ad	\$ 1,000
<input type="checkbox"/> Lanyards	\$ 5,000	<input type="checkbox"/> Conference Tote Bag Insert	\$ 1,000
<input type="checkbox"/> Hotel Key Cards	\$ 5,000		
<input type="checkbox"/> Hotel Room Drops	\$ 4,000		

SUBMIT APPLICATIONS & QUESTIONS

Please submit application and direct any questions to Pete Pomilio via email at pppomilio@talley.com.

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- Wire Transfer SCMR will provide bank details.