

Exhibit Space Contract

Company name as it should appear in program materials—do not use all upper case unless that is the way your company name normally appears.

Company _____

Address _____

City, state, postal code _____

Country _____

Exhibit contact person _____

Title _____

Phone _____

Fax _____

E-mail _____

Website _____

Exhibitor agrees to abide by all terms, conditions, rules, and regulations contained in the exhibit prospectuses and the exhibitor service manual.

Signature _____

Advertising manager name _____

Phone and extension _____

- Please check here if you require a proforma invoice.
- Non-US exhibitors: Please check here if you need a letter of invitation for US Visa applications.

Every effort will be made to honor each exhibitor's booth preferences, but we cannot guarantee that an exhibitor will receive one of its preferences—priority point space assignment policy applies to all exhibitors.

- Please check the section on the exhibit floor in which you prefer your exhibit to be located. Your exhibit will be categorized by the area in which your booth is actually located. For example, you cannot be designated an OEM exhibitor if your booth is located outside the OEM section of the exhibit floor.
- Indicate location preferences by booth number in the spaces below—do not cluster all choices in the same location.
 - IVD/General Laboratory Section
 - OEM, Biotech and Research

Non-Island Exhibits

Non-island space is charged at the rate of \$3,555 per 10' x 10' (3m x 3m) booth.

Non-island space required 10' x _____

Peninsula booths are not permitted, i.e., an exhibitor may not rent back-to-back booths at the end of two rows and open the booth to a cross aisle.

Non-Island Booth Preferences

- _____
- _____
- _____
- _____
- _____
- _____

Preferred Island Exhibits

Island space is charged at the rate of \$4,265 per 10' x 10' (3m x 3m) booth increment.

<input type="checkbox"/> 20' x 20' (6.1m x 6.1m)	\$17,060
<input type="checkbox"/> 20' x 30' (6.1m x 9.2m)	\$25,590
<input type="checkbox"/> 20' x 40' (6.1m x 12.2m)	\$34,120
<input type="checkbox"/> 30' x 30' (6.1m x 6.1m)	\$38,385
<input type="checkbox"/> 20' x 50' (6.1m x 15.1m)	\$42,650
<input type="checkbox"/> 30' x 40' (9.2m x 12.2m)	\$51,180
<input type="checkbox"/> 30' x 50' (9.2m x 15.1m)	\$63,975
<input type="checkbox"/> 40' x 40' (12.2m x 12.2m)	\$68,240
<input type="checkbox"/> 40' x 50' (12.2m x 15.1m)	\$85,300
<input type="checkbox"/> 30' x 80' (9.2m x 24.4m)	\$102,360
<input type="checkbox"/> 50' x 50' (15.1m x 15.1m)	\$106,625
<input type="checkbox"/> 50' x 80' (15.1m x 24.4m)	\$170,600
<input type="checkbox"/> 60' x 80' (15.1m x 24.4m)	\$204,720
<input type="checkbox"/> 50' x 100' (15.1m x 30.2m)	\$213,250
<input type="checkbox"/> 70' x 100' (21m x 30.2m)	\$298,550
<input type="checkbox"/> 80' x 90' (24.4m x 27.4m)	\$307,080
<input type="checkbox"/> 80' x 100' (24.4m x 24.4m)	\$341,200

Other _____ x _____ \$ _____

Indicate Four (4) Island Location Preferences

1. _____ 2. _____ 3. _____ 4. _____

Important: No booths will be held or assigned without the required payment.

See deposit and payment terms provided earlier in this document.

Payments by credit card are not accepted. Please make checks payable to American Association for Clinical Chemistry. Payment must be drawn on a US bank in US dollars. For wire transfer information, contact Ms. Martina Doshkova by email at martinad@schicago.com.

Payments should be sent to:

American Association for Clinical Chemistry
 c/o Schicago International
 525 Washington Blvd, Ste. 3310
 Jersey City, NJ 07310
 Tel: 201-653-4777
 Fax: 201-653-5705

For Schicago use only

Computer # _____ How many booths _____

Space assignment _____ Space cost _____

Deposit date _____ Deposit amount _____

Balance due _____ Balance received _____

PD _____ PL _____ Exh. record _____