

Exhibit Application & Contract

Deadline for application: March 20, 2018



Organization /Contact Information

Organization: _____

Contact Person: _____ Title: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

E-mail (all exhibitor information will be sent to the e-mail address specified): _____

Exhibit Table Application

Island booth @ \$10,000 In-line booths @ \$3,000 x _____

Corner booth @ \$3,500 Non-profit space @ \$500

Booth Preferences (see p. 7 for floorplan)

First Choice: _____ Second Choice: _____

Complimentary Exhibitor Registration

Each company is allowed TWO complimentary registrations, with additional registrations charged at \$650 per individual.

1. Name: _____ Email: _____

2. Name: _____ Email: _____

3. Name: _____ Email: _____ (\$650)

4. Name: _____ Email: _____ (\$650)

5. Name: _____ Email: _____ (\$650)

Exhibit Directory Information

All information will appear in the Final Program exactly as it appears below. Company name will also appear on the booth identification sign, as below.

Company: _____

Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

E-mail: _____ Website: _____

Product /Service Description

Submit, in 100 words or less, a description of the products, equipment, services or facility that will be exhibiting. ICCN 2018 reserves the right to edit text to conform to length limit. Description may also be emailed to: asenkbeil@acns.org.

Refund for Cancellation Requests for cancellation of reserved exhibits and grants must be made in writing. Written cancellation requests received on or before April 2, 2018 will receive a full refund, less a 25% administrative fee. Cancellations received after April 2, 2018 will forfeit the entire cost of the cancelled exhibit.



Signature of Agreement

Please retain a copy for your records.

You are hereby authorized to reserve space for the company/organization listed above in the exhibition of the ICCN 2018, May 3-5, 2018. We understand that the assigned space will be rented at the rate quoted in the prospectus. We understand further that all space must be paid in full upon completion of the application. If assigned space is not paid for in full at time application is submitted, it may be reassigned to another exhibitor at the discretion of ICCN. The exhibiting company agrees to abide by all rules and regulations governing exhibits set forth in the prospectus, which is made part of this contract by reference and fully incorporated herein.

Print Name: _____

Authorized Signature: _____ Date: _____

Method of Payment

Applications will not be processed without payment and signature

Company Check – Make check payable to American Clinical Neurophysiology Society (in US Dollars, drawn on a US bank)

Credit Card (check one): VISA MasterCard

Card Number: _____ Expiration Date: _____

Card Holder Name: _____

Billing Address: _____

City: _____ State: _____ Zip/Postal Code: _____

Country: _____ Phone: _____ Fax: _____

Card Holder Signature: _____ Date: _____

Please return this application with required payment to:

American Clinical Neurophysiology Society • Attn: Amanda Senkbeil, CMP • 555 E. Wells Street, Suite 1100 • Milwaukee, WI 53202
Phone: (414) 918-9803 • Fax: (414) 276-3349 • E-mail: asenkbeil@acns.org