



2009 In Vitro Biology Meeting Exhibitor Application

This contract reserves exhibit space at the 2009 In Vitro Biology Meeting and Exhibition in Charleston, South Carolina, June 6 - 10, 2009. With this application, we are enclosing 50% as our deposit. Confirmation of our space will be sent to us. The balance of the fee is due April 15, 2009. It is understood that as an exhibitor, we are required to abide by the rules set by the Society and all conditions under space at the Embassy Suites North Charleston, with the SIVB. If any of our plans change, we may cancel this contract no later than four months prior to the start of the meeting and receive a full refund; later cancellation funds will be subject to a 75% cancellation charge of total cost.

Please complete items 1 - 8 below and return this contract with your deposit to:

Society for In Vitro Biology
 PO Box 73230
 Baltimore, MD 21273

1. Number of Tabletop displays: _____ Number of Floor Displays: _____

2. Exhibitors from whom you desire separation _____

3. We will exhibit the following products/service (use generic terms) _____

4. Company Information:

Company Name _____

Street Address _____

City _____ State _____ Zip _____ Country _____

Telephone _____ FAX _____ Email _____

List the names of the representative(s) as they should appear on the name badge. Exhibitors are allowed two free representatives per tabletop and 3 free representatives per floor display.

5. To complement your display, the SIVB offers a 25-word description in both the Program Booklet. (Please type or print description here.)

6. Enclosed:

Tabletop deposit (\$500 per tabletop, 50% deposit required) \$ _____

Floor display deposit (\$750 per floor display, 50% deposit required) \$ _____

Mailing List (please see Registrants and Pre-registrants list for pricing) \$ _____

ASCII comma delimited disk/file

Pressure sensitive labels

Registration bag insert (\$300 to insert one piece of literature in the Registration Bag) \$ _____

Program Booklet Advertisement (please see Program Booklet for pricing) \$ _____

Refreshment contribution \$ 60.00

Your generous contribution of \$60.00 toward the refreshments for an exhibitor-sponsored reception will be acknowledged in both the 2009 Abstract Issue and the Meeting Program Booklet.

TOTAL \$ _____

Master Card VISA American Express Discover

Signature _____

Card No. _____ Exp. Date _____

7. Society for In Vitro Biology's contact at your company (*all correspondence will go to this person*):

Name: _____ Email (required): _____

8. Exhibit Guidelines reviewed and accepted by:

Company _____ Name _____

Authorized Signature _____ Date _____