

Exhibit Space Application & Contract

May 15-18, 2008
Seattle, Washington
Washington State Convention & Trade Center



Date: _____ New Exhibitor: Yes No

1. Exhibitor Information:

Complete company information exactly as it should appear in all official SIIM publications.

Company Name _____

Address _____

City/State/Zip/Country _____

Company Phone _____

Company Fax _____

Website _____

2. Exhibitor Contact Information:

All information and communications will be sent to the contact listed below.

Name _____

Title _____

Address _____

City/State/Zip/Country _____

Contact Phone _____

Fax _____

Email _____

3. Booth Size: (i.e., 8 x 10, 10 x 10, 20 x 20) _____ x _____ = _____ total square feet

4. Booth Selections: 1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

5. Booth Location:

We would prefer being located near the following companies: _____

We would prefer not being located near the following companies: _____

6. Booth Fees & Payment Summary:

\$35.00 per square foot for Standard Exhibitor

\$31.50 per square foot for SIIM Corporate Member Exhibitor

SIIM Standard Exhibitor: _____ sq.ft. x \$35.00 = _____ \$ _____

SIIM Corporate Member Exhibitor: _____ sq.ft. x \$31.50 = _____ \$ _____

SIIM Corporate Membership: New Member Renewal \$2000 \$ _____

Meeting Sponsorship (identify): _____ \$ _____

TOTAL AMOUNT ENCLOSED \$ _____

7. Terms of Payment: Payment must be received in full with your Exhibit Space Application & Contract. Payment may be made by check payable to SIIM 2008, or wire transfer for international companies only. Keep a copy of the Application & Contract for your records. A signed, fully executed contract will be returned to you upon acceptance. **No booth assignment shall be made until receipt of full payment.** Please make checks (in U.S. funds drawn on a U.S. bank) payable to SIIM 2008. Return your signed application/contract and full payment to: SIIM 2008, 19440 Golf Vista Plaza, Suite 330, Leesburg, VA 20176.

8. Agreement: We hereby apply to be an exhibitor at the SIIM 2008 Annual Meeting in Seattle, Washington. We agree to abide by the Terms and Conditions and the SIIM 2008 Rules & Regulations, which are made a part of this contract by reference and fully incorporated herein. We agree that once signed by both parties this will be a binding contract.

Authorized Exhibitor Signature _____

Date _____

SIIM Signature _____

Date _____

9. Product Description: Please provide a description of the products to be exhibited from your booth. Please limit the description to 55 words and to actual products to be demonstrated in your booth. Registered trademark (™), copyright symbols (©), italics, and boldface cannot be used in company profiles. If more than 55 words are submitted, SIIM reserves the right to edit the description. **To facilitate accuracy and production of meeting materials, SIIM requests that you also email your product description entry to SIIM2008@siimweb.org.**

10. Product Category Selection: You may select a maximum of five (5) categories.

1. _____ 2. _____ 3. _____ 4. _____ 5. _____

Product Categories:

Archiving Services (ASP)

CD/DVD Distribution

Clinical Decision Support

Computer Aided Diagnosis

Consulting Services

CPOE (Computerized Physician Order Entry)

Digital Breast Imaging

Digital Radiology

Digitizers, Film

Displays/Monitors

Document Management

Educational Services

Furniture

Image Processing System

Imaging Devices (CR, DR, Fluoro, etc.)

Image Distribution

Information Systems-RIS, HIS, EMR

Interface Hardware/Software

Internet Services

Networking, Local

Networking, Web Based

PACS, Enterprise

PACS, Modality

Printers

Publications

Reporting Systems

Speech Recognition Systems

Storage Media, Fixed (RAID, juke box, silo)

Storage Media, Portable (CD, DVD, etc.)

Teleradiology Services

Teleradiology Systems

Web-based Report Distribution

Workstations

3D Imaging Software

Other _____

Questions: If you have any questions or need additional information, please contact Andrea Saris, Director of Meetings, at 703-723-0432, ext. 313, or asaris@siimweb.org.

Special Needs: Individuals needing auxiliary aids or services as identified in the Americans with Disabilities Act, please call the SIIM office at 703-723-0432.

Send Application & Contract to:

SIIM 2008
19440 Golf Vista Plaza, Suite 330
Leesburg, VA 20176

Phone: 703-723-0432, ext. 313
Fax: 703-723-0415