

Important Instructions

1. Please type or print clearly on this contract.
2. Space is assigned on a first-come, first-served basis.
3. Return completed contract/application along with payment to:
 Society of Critical Care Medicine, 35083 Eagle Way, Chicago, IL
 60678-1350 USA or fax to +1 847 493-6478

Application and Contract to Exhibit

42nd Critical Care Congress
January 19 – 23, 2013
Puerto Rico Convention Center, San Juan, Puerto Rico
COMPANY INFORMATION

Company Name _____

Address _____

City/State/Zip/Country _____

Phone _____ Fax: _____

Web site Address _____

EXHIBIT CONTACT

Name _____

Title _____

Phone _____

Email Address _____

CRITICAL CARE PRODUCT MANAGER

Name _____

Title _____

Phone _____

Email Address _____

DECISION MAKER FOR EDUCATIONAL PROGRAMS/SPONSORSHIPS

Name _____

Title _____

Phone _____

Email Address _____

 Payment Method: Check or Int'l. Money Order
 (U.S. funds drawn on U.S. bank payable to SCCM)
 Visa MasterCard Discover American Express

Card Number _____ Exp. Date _____

Name of Cardholder _____

Signature of Cardholder

Signature authorizes SCCM to charge the above account. Should the total due be incorrect, SCCM is authorized to charge the correct amount and will send acknowledgement to the cardholder of this corrected amount.

Exhibit Space Fees (Quoted in USD)	
Size	Cost
10 x 10 In-line	\$4,100
10 x 10 Corner	\$4,300
20 x 20 Island	\$16,400
20 x 30 Island	\$24,600
20 x 40 Island	\$32,800
30 x 30 Island	\$36,900
30 x 40 Island	\$49,200
40 x 40 Island	\$65,600
40 x 50 Island	\$82,000
Recruiter/Association	\$3,000

Exhibit Space Information

- Rates are subject to change.
- Additional booth sizes may be created by combining booths.
- Please call Colleen McNamara for further information at 847-827-7478.

Booth Selection:

Size of space desired: _____ x _____

 Do you prefer a corner booth? Yes No

(Corners cannot be guaranteed)

Booth Preference:

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

List the companies you DO NOT want in close proximity: (every effort will be made to accommodate your request, but this cannot be guaranteed.)

1. _____
2. _____
3. _____

Total Amount Due: _____

Booths must be paid in full to assign booth space, unless arrangements have been made with the SCCM Office. A 50% deposit will be accepted for applications received onsite at the 2012 Critical Care Congress.

 Cancellation/Refund Policy: Notification of cancellation or space reduction must be sent to SCCM by Friday, August 31, 2012, to receive a full refund, less a 10% administrative fee. After this date, no refunds will be given. For complete details regarding SCCM's cancellation, refund and no-show policies, visit www.sccm.org/expo.

I am an authorized representative of the company named above with authority to sign and deliver this application for exhibit space. The company listed on this contract agrees to comply with all of the policies, rules, and regulations contained in the Exhibitor Prospectus, which we accept as part of the agreement. I further acknowledge that SCCM reserves the right, in its absolute discretion, to reject this application for exhibit space. Moreover, this application for exhibit space shall not become a binding contract until fully executed by both parties (the exhibitor and SCCM) hereto.

Signature _____ Title _____ Date _____

For SCCM Use: Customer Number _____	Contact Number _____	Date Received _____
SD2013		
Total Cost _____	Booth Number _____	Booth Size _____
		Accepted for SCCM by _____