

GLRM 2009 EXHIBITION CONTRACT
May 13-16, 2009

I (we) hereby apply for exhibition space on May 14-15, 2009 at the Great Lakes Regional ACS Meeting to be held at the Lincolnshire Marriott, Chicago, Illinois, May 13-16, 2009. I (we) agree to abide by the EXPOSITION RULES AND REGULATIONS provided on the website or by the exhibition chair.

Please indicate desired booth location by using the numbers on the floor plan found on the website. If you desire more than 1 contiguous booth, list all booths desired as one single choice.

First choice: Booth # _____

Second choice: Booth # _____

Third choice: Booth # _____

It is understood and agreed that GLRM 2009 will endeavor to assign space in order of choice. If all spaces selected have been previously assigned, the Exhibits Chair reserves the right to assign space as equitably as possible in accordance with the stated exhibitor preference for exhibits.

Please indicate the type of exhibitor:

Industrial _____ (\$800/\$1000 per booth after March 13th)

Academic, government, non-profit organizations _____ (\$400 per booth)

Each exhibitor will be provided a web link from the exhibits page of the GLRM 2009 website. Industrial exhibitors will also receive two registrations for GLRM 2009. Academic, governmental, and other non-profit exhibitors will receive one registration for the meeting.

For the benefit of promotion and publicity of the Exposition, I (we) authorize GLRM 2009 to use the following description of the products and/or services to be exhibited: (Limit to 50 words. Exhibition Chair reserves the right to edit content for style purposes only.) This description may be attached separately to the completed signed contract.

Company URL for link to website: _____

Names of representative(s) who will receive complementary conference registration:

1. _____

2. _____

Company Name _____

Name of Primary Contact Person _____
Title of Contact Person _____
Company Address _____

Telephone (contact person) _____
Fax _____
E-Mail (contact person) _____

A copy of your completed form will be returned to you upon receipt of payment (check payable to *GLRM 2009*) and assignment of booth space. This completed form constitutes a binding agreement between the Exhibitor and the Great Lakes Regional ACS Meeting. I am familiar with and agree to abide by the Rules and Regulations for GLRM 2009 Exhibitors:

Signature _____ Date _____
Print Name _____ Title _____

Send completed form to the address below or electronically to the e-mail address provided:

Robin M. Zavod (Exhibition Chair GLRM 2009)
Midwestern University Chicago College of Pharmacy
555 31st Street
Downers Grove, IL 60515

rzavod@midwestern.edu
FAX (630)515-6958
(630)515-6478