

**Contract and Registration for Tabletop Exhibit
Society for Epidemiologic Research
June 23-26, 2010 ~~ Seattle, Washington**

Company Name	Phone
Contact Person	Fax
Address	Email
City/State/Zip	Representative

The Society for Epidemiologic Research (“SER”) agrees to assign space for the educational activity according to the following terms, conditions and requirements.

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| <ol style="list-style-type: none"> 1. Space will be leased for the duration of this educational activity at \$600 for a table with one representative; \$300 for an additional table and \$335 for an additional exhibitor. 2. The exhibit area will be available for setting up exhibits beginning at 4:00pm on Wednesday, June 23. 3. Scheduled breaks will be held in the exhibit area. 4. Fire laws will be strictly observed. Aisles and fire exits cannot be blocked by tables, cables, boxes, or other items. 5. The SER cannot guarantee exhibitors against loss or damage of any kind. The exhibit area will NOT be locked during non-exhibiting hours. 6. Exhibitors agree to refrain from pasting, nailing, or otherwise attaching signs or other display materials to walls, doors, backdrops, floors, and carpets that will in any way mar or deface them. The exhibitor will pay any damages caused by doing any of the above. 7. Exhibits should not project beyond the space allocation and should not obstruct the view of or interfere with other exhibits. 8. Exhibits producing noise or other interference that is not adequately controlled will be relocated to reduce such interference. 9. Exhibitors are responsible for making their own arrangements for electrical hook-ups and AV needs. | <ol style="list-style-type: none"> 10. In order to receive a refund, with \$50 cancellation fee, written notice of cancellation must be made at least 14 days prior to the beginning of this activity. 11. Space is leased with the understanding that the SER and the Seattle Westin assumes no liability for damages resulting from any act of omission or commission in connection with the exhibition of products and services. The exhibitor and its representative hereby release the SER and the Seattle Westin from any or all liabilities for loss associated with this rental of table top space, ensuing from any cause whatsoever. 12. Full payment must be received in order to activate the contract. Please complete this form and mail or fax to the following address:
 Society for Epidemiologic Research
 PO Box 990
 Clearfield, UT 84089
 Fax: 801-525-6549
 Phone: 801-585-6808 or 801-520-8708
 Peggy.christensen@utah.edu 13. Communications pertaining to this contract or exhibit should be sent to the above address. 14. Society for Epidemiologic Research Tax ID # 52-1138509 |
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We have read the above agreement and agree to abide by all terms and conditions of this contract.

Company/Organization Representative	Date	SER Representative	Date
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Exhibitor Registration SER 2010

SEND TO: Society for Epidemiologic Research
PO Box 990, Clearfield, UT 84089
Fax: 801-525-6549
Phone: 801-585-6808 or 801-520-8708
E-mail: peggy.christensen@utah.edu

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Country: _____

Contact Person: _____

Phone: _____ Fax: _____ E-mail: _____

The fee includes registration for one (1) exhibitor, continental breakfast, breaks, entrance to all conference sessions, and exhibitor conference materials.

Representative Name: _____

Address: _____

City/State/Zip _____

Phone _____ Fax _____ E-mail: _____

Any additional exhibit representatives will be charged \$335 each.

Representative Name: _____

Address: _____

City/State/Zip _____

Phone _____ Fax _____ E-mail: _____

Substitutions to the above representative may be made at any time prior to the Conference.

Specific details regarding shipping will be sent upon receipt of this contract.

\$600.00 – Exhibit with one representative _____ # of tables with one representative

\$300.00 – Additional table

\$335.00 – Additional exhibit representative

PAYMENT METHOD All payments must be received prior to the conference.

____ Check enclosed (payable to the Society for Epidemiologic Research - TID: 52-1138509)

Please charge my credit card: _____ VISA _____ MasterCard _____ American Express

Card Number _____ Exp. Date _____

Signature _____