



# Application for Exhibit Space

**2006 Annual Conference**  
**Exhibit: March 25-28, 2006**  
**Meeting: March 25-29, 2006**

**Deadline: November 14, 2005**

Gaylord Palms Resort and Convention Center – Orlando, FL

**Exhibitor Information:** Complete company name, address, etc. exactly as it should appear in all AMI official publications.

Company Name \_\_\_\_\_  
Address \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Company Phone \_\_\_\_\_ Company Fax \_\_\_\_\_ Website \_\_\_\_\_

**Contact:** All information will be sent to the person listed below. It is this person's responsibility to share all information with the representatives, including third party companies, that will attend the meeting. **Contact's e-mail address is required.**

Name \_\_\_\_\_  
Title \_\_\_\_\_  
Mailing Address (if different) \_\_\_\_\_  
City/State/Zip \_\_\_\_\_  
Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

In 100 words or less, please provide a description of your company as it should appear in all AMI official publications.

**Booth Selection:**

- A. Size of space requested: \_\_\_\_\_ (10' x 10' minimum)
- B. In-line booths only – Corner:      Yes      No (\$200/corner)
- C. Mobile Unit:      Yes      No (20' x 55' space minimum)
- D. We would prefer **not** being located near the following companies:

\_\_\_\_\_  
*(Not being located near a company means not next to or across the aisle from)*

- E. We would prefer being located near the following companies:

\_\_\_\_\_  
*(There is no guarantee this request can be honored)*

**Exhibitor Agreement:**

We understand that the assigned space will be rented at the rate of US \$28.00 per square foot. We understand further that a 50% deposit is to accompany this application and that the balance must be paid for on or before **February 1, 2006**. If requested space is not paid for in full by the specified date, it may be assigned to another exhibitor at the discretion of the Academy of Molecular Imaging. The exhibitor agrees to abide by the rules, regulations, terms and conditions set forth in the 2006 Exhibitor Prospectus and in other written material.

Company Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Page 2 of 2

Company Name \_\_\_\_\_

Booth Size: \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ (total sq ft) x \$28/sq ft = \_\_\_\_\_ + \_\_\_\_\_ (corners) = \_\_\_\_\_ Total Cost

**Send with a 50% deposit of total space cost to:** Academy of Molecular Imaging, Box 951735, Los Angeles, CA 90095-1735

Make checks payable to **Academy of Molecular Imaging**. All checks must be in U.S. dollars. Companies wishing to send a wire transfer should e-mail [ami@mednet.ucla.edu](mailto:ami@mednet.ucla.edu) for instructions.

To pay by credit card, please fill out the following section and fax to (310) 267-2617.

Card Type:      **VISA**      **M/C**      **AMEX**      Name on the card: \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp Date: \_\_\_\_\_

**Payment Balance Due: Wednesday, February 1, 2006**

**Academy of Molecular Imaging**

Box 951735  
Los Angeles, CA 90095-1735

Telephone: (310) 267-2614 Fax: (310) 267-2617  
Email: [ami@mednet.ucla.edu](mailto:ami@mednet.ucla.edu) Web site: <http://www.ami-imaging.org>