

Application Contract for ISA 2009 Exhibit Space

The XVth International Symposium on Atherosclerosis

June 14 -18, 2009 • Hynes Convention Center • Boston, Massachusetts



INTERNATIONAL
ATHEROSCLEROSIS
SOCIETY

Important: please print or type this application

1. Company: _____ Contact Person: _____
Address: _____ City: _____ State: _____ Zip: _____ Country: _____
Telephone: _____ Fax: _____ E-mail: _____

2. Company representative to receive all information regarding exhibits and the meeting:

Name: _____
Address: (if different than above): _____
Telephone: _____ Fax: _____ E-mail: _____

3. Contractor Information (In order for the contractor handling your decorating needs to receive an Exhibitor Services Manual, provide the following information if applicable):

Name _____ Company _____
Address: _____ City: _____ State: _____ Zip: _____ Country: _____
Telephone: _____ Fax: _____ E-mail: _____

Method of Payment:

Check enclosed (payable to ISA 2009)

Send to: Clare MacNab, Exhibits Manager
ISA 2009
15000 Commerce Parkway, Suite C
Mt. Laurel, NJ 08054

Total amount of check: \$ _____

Credit Card AMEX VISA MasterCard

Total amount to be charged: \$ _____

Card Number _____ Expiration Date _____

Name that Appears on Card _____ Signature _____

4. Total number of booths: _____

5. Principal products to be displayed: Books Instruments Equipment Pharmaceuticals Other: _____

6. Preferred locations (we understand and recognize that the assignment of space is at the sole discretion of the ISA Exhibit Management) Do not concentrate your choices in the same area.

1st _____ 3rd _____ 5th _____

2nd _____ 4th _____ 6th _____

7. Competitors you do NOT wish to be near:

1st _____ 3rd _____ 5th _____

2nd _____ 4th _____ 6th _____

8. Companies you would like to be near:

1st _____ 2nd _____ 3rd _____

9. Company Product Description: Please provide 2-3 sentences with a description of your company's services and/or products to be included in the Official Program book. Please forward via e-mail your description to the Exhibit Manager at cmacnab@ahint.com by January 15, 2009 to ensure inclusion in the final program.

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| 1. Assignment of space made by ISA will be considered as accepted unless rejected in writing and received by ISA Management with 14 days from the date of receipt of notification of space assignment. | 4. No exhibitor may assign, sublet the whole or any part of space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitors in the regular course of this business. |
| 2. The undersigned agrees to pay 50 percent of the rental fee with this application either by check made payable to ISA 2009 or credit card. The remaining balance of 50 percent is due on or before January 9, 2009. | 5. The contracting exhibitor agrees that any cancellation must be in writing and that booth fees will not be refunded on or after February 17, 2009. Cancellations prior to February 2, 2009, will be refunded minus an administrative fee of \$350.00. The undersigned agrees to abide by all the conditions, rules and regulations for exhibitors set forth in this Official Exhibit Prospectus for ISA, the XVth International Symposium on Atherosclerosis in which conditions, rules and regulations are incorporated herein as part of this contract. |
| 3. Applications and/or product descriptions received after January 15, 2009 will NOT be listed in the official program. | |

Name: _____ Signature: _____

For Official Use Only

Federal ID #412282936

Date Received: _____ Booth Assigned: _____ Cost of Booth: \$ _____

1st Deposit Required: \$ _____ Payment Method: _____ Balance Due: \$ _____

2nd Deposit Required: \$ _____ Payment Method: _____ Balance Due: \$ _____