



**Application for Exhibit Space**  
WMIC 2015 September 2 – 5, 2015 Honolulu, Hawaii

Hawaii Convention Center  
1801 Kalakaua Ave Honolulu, HI 96815

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

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

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Company Phone: \_\_\_\_\_ Company Fax: \_\_\_\_\_

Website: \_\_\_\_\_

**Contact:** All information will be sent to the person listed below. If the onsite meeting representative is different from the contact person please notate below where indicated.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

\*Phone: \_\_\_\_\_ \* Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

**Onsite Meeting Contact (if different than above contact)**

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ \* Mobile: \_\_\_\_\_ Fax: \_\_\_\_\_

\*E-mail: \_\_\_\_\_

**\* Contact and On-Site Contact's e-mail address and phone are required.**

**Space: Cost is \$ \$4,000 USD per 100 square feet**

**Space Selection:**

A. Space required: \_\_\_\_\_ square feet (minimum = 10' x 10')

B. In-line booths only - Corner:  Yes (\$200 USD)  No

C. 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)*

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D. We would prefer a location near the following companies: *(There is no guarantee this request can be honored)*

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**Exhibitor Agreement:**

We understand that the assigned space will be rented at the rate of \$4,000 USD per 100 square feet. We understand further that a 50% deposit is to accompany this application and that the balance must be paid on or before **June 25, 2015**. If requested space is not paid for in full by the specified date, it may be assigned to another exhibitor at the discretion of WMIC. The exhibitor agrees to abide by the rules, regulations, terms and conditions set forth in the 2015 Exhibitor Prospectus and in other written material.

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

**Space Size:**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ \$4,000 USD per 100 square feet = \_\_\_\_\_ **Total**

**If requesting a corner booth:**

\_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_ \$4,000 USD per 100 square feet + \$200 USD per corner = \_\_\_\_\_ **Total**

**Payment by Credit Card: 50% deposit of total space cost to accompany this application**

\_\_\_\_\_ Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ American Express

Card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVC/CID security code (3 digits on back of MC/ Visa or 4 digits on front for AMEX) \_\_\_\_\_

Name of credit card holder: \_\_\_\_\_ Signature: \_\_\_\_\_

Billing address \_\_\_\_\_ City \_\_\_\_\_

Zip/Postal code \_\_\_\_\_ Country \_\_\_\_\_

**Payment by bank transfer: IMPORTANT - transfer reference must be name of registrant OR invoice number. The exhibiting company should be prepared to cover any fees the bank may charge to make a transfer.**

Please email [dlevin@wmis.org](mailto:dlevin@wmis.org) for wire instructions.

**Payment by check:**

Please make check, payable in US Dollars, to: **World Molecular Imaging Society**

Please return completed form to:  
**World Molecular Imaging Society, 5839 Green Valley Circle Suite 209, Culver City, CA 90230**  
Phone: 310-215-9729 • Fax: 310-215-9731 • Email: [dlevin@wmis.org](mailto:dlevin@wmis.org)  
Federal Tax ID# 52-1706066

**Payment Balance Due: June 25, 2015**