

21ST INTERNATIONAL CONFERENCE ON MAGNETISM

JULY 16-20, 2018 • MOSCONE CENTER • icm2018sf.org
EXHIBITOR AND SUPPORTER APPLICATION — PAGE 1

SECTION 1 Provide contact, company and website information exactly as you want it printed in the Conference program

Contact First Name	Contact Last Name
Company/Organization	
Website	
Street Address	
City, State, Postal Code	Country (if not US)
Email	Phone

SECTION 2 Select your support level

Banquet at the Exploratorium — \$3500	Mobile App and E-Book — \$2500
Bierstube — \$3100 <i>Quantity:</i>	Welcome Reception — \$2500
<i>Indicate preferred day(s):</i> Mon. Tue. Thu.	Best Student Presentation Awards — \$2250 SOLD
Ice Cream Break — \$3100	Student Social and Award Session — \$2200 SOLD
Wireless Internet Service — \$3000	<input type="checkbox"/> Best Poster Awards — \$2000 • SOLD
Exhibit Booth (new exhibitor) — \$2700 <i>Quantity:</i>	Women in Magnetism Reception — \$2000
Exhibit Booth (past exhibitor) — \$2600 <i>Quantity:</i>	Meet the Experts — \$1600
Discount for multiple exhibit booths — -\$100	Program Advertisement — \$1600 (back inside cover)
Program Advertisement — \$2600 (back outside cover)	Coffee Service — \$1500 <i>Quantity:</i>
Lanyards — \$2500	<i>Indicate pref. day(s):</i> Mon. Tue. Wed. Thu. Fri.
	Materials Distributed at Registration — \$1100

SECTION 3 Provide your payment information

Option 1: Payment by Check — *Make checks payable to: ICM 2018.*

Option 2: Payment by Credit Card — *Visa, MasterCard, and American Express are accepted.*

Card Type	VISA MasterCard American Express	Total Amount Due \$
Card Number		Expiration Date Security Code
Cardholder's Name		
Card Billing Address		



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EXHIBITOR AND SUPPORTER APPLICATION — PAGE 2

SECTION 4 Provide your company information, booth space preferences and complimentary Conference registrations

Have you included a logo in both JPG and EPS formats?

Please include a 100-word company description for the program here.

Exhibit Booth Space Preference #1*

Exhibit Booth Space Preference #2

Exhibit Booth Space Preference #3

Name of person who will receive your 1st complimentary Conference registration

First Name

Last Name

Name of person who will receive your 2nd complimentary Conference registration (if applicable)

First Name

Last Name

*All booth space assignments will be made on a first-come, first-served basis.

Email the completed form along with your logo in both EPS and JPG formats to jennifer@icm2018sf.org

Or send via regular mail to:

ICM 2018
ATTN: Jennifer Fiske
422 High Meadow Drive
Bull Valley, IL 60098

Questions?

Contact jennifer@icm2018sf.org or 615-507-5199