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

Bierstube — \$3100 Quantity:

Indicate preferred day(s): Mon. Thu. Tue.

Ice Cream Break — \$3100

Wireless Internet Service — \$3000

Exhibit Booth (new exhibitor) — \$2700 Quantity:

Exhibit Booth (past exhibitor) — \$2600 Quantity:

Discount for multiple exhibit booths — -\$100

Program Advertisement — \$2600 (back outside cover)

Lanyards — \$2500 SOLD

Mobile App and E-Book — \$2500

Welcome Reception — \$2500

Best Student Presentation Awards — \$2250 SOLD

Student Social and Award Session — \$2200 SOLD

Best Poster Awards — \$2000 • SOLD

Women in Magnetism Reception — \$2000

Meet the Experts — \$1600

Indicate pref. day(s):

Program Advertisement — \$1600 (back inside cover)

Coffee Service — \$1500 Quantity:

Materials Distributed at Registration — \$1100

Mon.

Tue.

Wed.

Thu.

Fri.

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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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

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









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