



Application/Contract for Exhibit Space

International Society of Hair Restoration Surgery
16th Annual Scientific Meeting • September 3-7, 2008 • Montreal, Quebec, Canada

Space is limited...apply now online: www.registration123.com/ishrs/16thexhibit

1. Contact Information: (i.e., person who should receive confirmation & meeting information)

Company Name: _____
Mailing Address: _____
City, State/Province, Zip Code, Country: _____
Phone: _____ Fax: _____ E-mail Address (required): _____
Contact person and title: _____

2. *Authorized Signature to enter into contract: (see #5): _____ Date: _____

3. Contact Information as to be printed in the Program (i.e., sales contact for the attendees):

Company Name: _____
Mailing Address: _____
City, State/Province, Zip Code, Country: _____
Phone*: _____ Fax: _____ Website: _____
*NOTE: If providing a toll-free number, be sure to list your regular phone number as well for international callers.
Contact Person (if desired), with Title: _____ Contact E-mail Address: _____

4. Product Description: We will print this description in the Onsite Program – maximum length is 254 characters including spaces. It must be purely descriptive and not use advertising copy type words such as “best,” “leading,” etc. To accept your application, we need at least a basic description here of all product/services to be displayed at this time. You may then update your description up until **June 29, 2008** by e-mailing the new description to info@ishrs.org with subject line: "ISHRS Product Description."

5. We/I agree to pay either the total fee of \$2,500.00 USD per booth or 1/2 of it (\$1,250.00 per booth) upon submission of this application with the balance due by June 30, 2008. *By signing this document, we/I agree to abide by all rules and regulations set forth in the Invitation to Exhibit and with all conditions under which exhibit space at the Fairmont The Queen Elizabeth is leased to the International Society of Hair Restoration Surgery. Acceptance of this Application by ISHRS constitutes a contract. No refund of any deposit will be allowed for voluntary cancellation after June 30, 2008. Refer to the Invitation to Exhibit for Cancellation Policy.

6. Booth Quantity & Location Preference: Please state your requested booth quantity and location preferences. **Booth assignments will be made on a first come, first served basis and will be confirmed and communicated to you via e-mail on May 15, 2008.**

Quantity of booths requested: _____
Location: 1st Choice _____ 2nd Choice _____ 3rd Choice _____ 4th Choice _____
Indicate if there are particular companies, or types of products/services that you do not want to be next to: _____

7. Payment Information:

Check, made payable to: **International Society of Hair Restoration Surgery**
 Credit Card: Visa MasterCard American Express *Credit card payments may be faxed to: (630) 262-1520*
 \$1,250 USD per booth down payment only by credit card now Full payment of \$2,500 USD per booth by credit card now
If paying by credit card, only the 1/2 deposit will be charged upon acceptance of application unless the full payment box is checked. The balance is due on June 30, 2008 – you will receive an invoice for any balance due.

Card Number: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

Keep a copy of the application and return the original to:
International Society of Hair Restoration Surgery (ISHRS)
Attn: Meetings & Exhibits
13 South 2nd Street, Geneva, IL 60134, USA
800-444-2737 or 630-262-5399, FAX: 630-262-1520

Questions? Call 630-262-5399 or e-mail info@ishrs.org
Apply Online TODAY: www.registration123.com/ishrs/16thexhibit

Call us if you do not receive a confirmation within 3 weeks!

FOR OFFICE USE ONLY:

This contract is accepted and booth No(s). _____ is (are) assigned (TBD May 15) at a total cost of \$ _____ per display.

A deposit of \$ _____ is hereby acknowledged. The balance remaining due on or before **June 30, 2008** is \$ _____.

Date Accepted: _____ By _____ Date faxed to Exhibit Manager: _____

Date payment #1 received: _____ Check#/CC: _____ Amount: \$ _____

Date payment #2 received: _____ Check#/CC: _____ Amount: \$ _____