



# EXHIBIT APPLICATION & CONTRACT AGREEMENT

**CEC/ICMC 2013 CRYO EXPO**  
June 17 - 20, 2013  
Anchorage, Alaska, USA  
Dena'ina Civic & Convention Center

Completed application & contract agreement must be returned with payment by **April 1, 2013** to:

CEC/ICMC 2013 CRYO EXPO  
c/o Centennial Conferences  
917 Front Street, Suite 220 ♦ Louisville, CO 80027 USA  
Fax: [001] 303-499-2599 ♦ Phone: [001] 303-499-2299

**EXHIBITING COMPANY (FOR SIGNAGE)** \_\_\_\_\_

**CONTACT PERSON'S FULL NAME** \_\_\_\_\_ **TITLE** \_\_\_\_\_  
*(Not considered a registrant unless noted on the registration page.)*

**COMPANY NAME** \_\_\_\_\_

**ADDRESS** \_\_\_\_\_  
*(Dept. / Street / Suite# /P.O. Box / etc.)*

**CITY** \_\_\_\_\_ **STATE/PROVINCE** \_\_\_\_\_ **POSTAL CODE** \_\_\_\_\_ **COUNTRY** \_\_\_\_\_

**PHONE** \_\_\_\_\_ **FAX** \_\_\_\_\_  
*If outside the US and Canada, please include country code.*

**E-MAIL** \_\_\_\_\_ **WEBSITE** \_\_\_\_\_

**Do not include this contact information in the CEC/ICMC 2013 email distribution list.**

### BOOTH REGISTRATION:

- SINGLE BOOTH, 10' x 10' = \$2,000
- DOUBLE BOOTH, 10' x 20' = \$3,900

**Single Booth** includes one complimentary Full Conference registration, two Exhibit Hall Only registrations and one copy each of the CEC and ICMC transactions, published in *Advances in Cryogenic Engineering*. The copies will be mailed to the contact person listed above.

**Double Booth** includes two complimentary Full Conference registrations, four Exhibit Hall Only registrations and two copies each of the CEC and ICMC transactions, published in *Advances in Cryogenic Engineering*. The copies will be mailed to the contact person listed above.

### COMPANY DESCRIPTION:

Please submit your company description (100 words or less) no later than **April 1, 2013** by email to [cecimc@centennialconferences.com](mailto:cecimc@centennialconferences.com). This description will be included in the on-site Conference Program Book along with the contact information listed above.

### PREFERRED BOOTH NUMBER(S):

\_\_\_\_\_

### POSITIONING ON THE SHOW FLOOR:

\_\_\_\_\_  
*If you wish to avoid assignment of space adjacent to, or across from, particular companies, please indicate above.*

### SPECIAL REQUESTS (SEE PROSPECTUS):

Does your company have special requests at the CEC/ICMC 2013 CRYO EXPO, i.e. cooling/drain water, chemical mixtures, liquid hydrogen, etc.?

YES  NO

### FEE SUMMARY (ALL FEES IN US DOLLARS)

	FEE	QUANTITY	SUBTOTAL
SINGLE BOOTH	\$2,000		
DOUBLE BOOTH	\$3,900		
ADDITIONAL FULL CONFERENCE REGISTRATIONS	\$ --		WILL BE INVOICED
ADDITIONAL EXHIBIT HALL ONLY PERSONNEL	\$150		
		<b>TOTAL*</b>	

**\*TOTAL FEE DUE AT TIME OF SUBMISSION OF THIS CONTRACT.**

### EXHIBIT APPLICATION & CONTRACT AGREEMENT:

We would like to reserve booth space for the CEC/ICMC 2013 Cryo Expo, June 17 - 20, 2013. We agree to abide by the Terms and Conditions governing exhibits set forth in the Exhibitor Application & Contract Agreement and Rules & Regulations, which are made a part of the Exhibit Prospectus, and to all conditions under which exhibit space at the Dena'ina Civic and Convention Center, is leased to the 2013 CEC/ICMC Conference.

**AUTHORIZED APPLICANTS SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

## PAYMENT INFORMATION FORM

- Contracts must be received by **April 1, 2013** and must include full payment.
- Contracts will be date stamped and handled on a first-come, first-served basis as payment is made in full.
- Full Conference registration fees will be invoiced once they become available.
- Booth assignments will be posted on the CEC/ICMC website on **April 8, 2013**.

### Contract agreement, payment & registrant page must be sent to:

CEC/ICMC 2013  
c/o Centennial Conferences  
917 Front Street, Suite 220  
Louisville, CO 80027 USA  
Fax: [001] 303-499-2599  
Email: cecicmc@centennialconferences.com\*

**\*Do NOT email your credit card information!** Note: If you wish to email your forms and payment is made by credit card, provide only the card holder name, the billing zip/postal code, the card holder's signature and date below and call Centennial Conferences with your card information at **[001] 303-499-2299**.

**TOTAL PAYMENT AMOUNT:** \_\_\_\_\_

#### PLEASE SELECT FROM ONE OF THE FOLLOWING PAYMENT OPTIONS:

**CHECK NUMBER** \_\_\_\_\_

Checks must be in U.S. dollars, drawn on a U.S. bank, payable to "**Cryogenic Engineering Conference, Inc.**". A \$20 administrative fee will be applied for all returned checks.

**CREDIT CARD** (Please complete information below.)

VISA                       MasterCard                       Discover

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ Billing Zip/Postal Code: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

#### IMPORTANT CREDIT CARD INFORMATION

Credit card information will only be kept on file until two (2) weeks following the Conference and is stored securely. The security code will be blocked out after the payment is processed. Credit card information will not be saved electronically and will be shredded after the conference. Credit card information will not be shared and is only available to Centennial Conference employees authorized to accept and process credit cards.

**WIRE TRANSFER**

Wire information along with an invoice will be sent to you via email. Bank wire fees will apply.

#### CANCELLATION POLICY:

If written notice of cancellation is received by **April 1, 2013**, an administrative fee of 20% of the total booth fee will be retained. Cancellations after April 1, 2013 will result in full forfeit of exhibit fee.

**THANK YOU FOR CHOOSING TO EXHIBIT AT THE CEC/ICMC 2013 CRYO EXPO!**  
**We look forward to working with you.**

# COMPLIMENTARY EXHIBITOR REGISTRATION FORM

Please make a copy of this page for Double Booth registrations.

## COMPLIMENTARY FULL CONFERENCE REGISTRATION – 1 INCLUDED WITH EACH SINGLE BOOTH

(Full conference registrations include admission to all Technical Sessions, Exhibits & Social Events.)

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Dept. / Street / Suite# / P.O. Box / etc.)

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
If outside the US and Canada, please include country and city code (as applies).

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

- Do not include contact information in the CEC/ICMC 2013 email distribution list.
- Do not include the address, phone/fax numbers and email address in the attendees list.

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## COMPLIMENTARY EXHIBIT HALL ONLY REGISTRATIONS – 2 INCLUDED WITH EACH SINGLE BOOTH

PARTICIPANT 1: FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Dept. / Street / Suite# / P.O. Box / etc.)

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
If outside the US and Canada, please include country and city code (as applies).

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

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- Do not include the address, phone/fax numbers and email address in the attendees list.

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PARTICIPANT 2: FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Dept. / Street / Suite# / P.O. Box / etc.)

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
If outside the US and Canada, please include country and city code (as applies).

E-MAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

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## ADDITIONAL EXHIBITOR REGISTRATION FORM

Additional Exhibit Personnel may register as either Full Conference attendees or as Exhibit Hall Only representatives.

**Full Conference registration** includes admission to all technical sessions, exhibits and social events as well as one copy of either the CEC or ICMC conference transactions.

**Exhibit Hall Only Registration** includes admission to the exhibit hall, the welcome reception, exhibitor reception and refreshment breaks only.

<input type="checkbox"/> <b>Full Conference Registration*</b> – will be invoiced once fee is available	<input type="checkbox"/> <b>Exhibit Hall Only Registration @ \$150</b>
* If Full Conference Registration selected, please choose the type of conference transactions here: <input type="checkbox"/> <b>CEC</b> or <input type="checkbox"/> <b>ICMC</b>	

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Dept. / Street / Suite# / P.O. Box / etc.)

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_  
If outside the US and Canada, please include country and city code (as applies).

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Do not include this contact information in the CEC/ICMC 2013 email distribution list.

Do not include the address, phone/fax numbers and email address in the attendees list.

<input type="checkbox"/> <b>Full Conference Registration*</b> – will be invoiced once fee is available	<input type="checkbox"/> <b>Exhibit Hall Only Registration @ \$150</b>
* If Full Conference Registration selected, please choose the type of conference transactions here: <input type="checkbox"/> <b>CEC</b> or <input type="checkbox"/> <b>ICMC</b>	

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

TITLE \_\_\_\_\_ COMPANY NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_  
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CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ POSTAL CODE \_\_\_\_\_ COUNTRY \_\_\_\_\_

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