

CONTACT PERSON'S FULL NAME

EXHIBITING COMPANY (FOR SIGNAGE)

EXHIBIT APPLICATION & CONTRACT AGREEMENT

CEC/ICMC 2017 CRYO EXPO

July 9 - July 12, 2017

Monona Terrace Community and

Convention Center

Madison, Wisconsin, USA

Completed application & contract agreement must be returned with payment by **April 10, 2017** to: **CEC/ICMC 2017 CRYO EXPO** • c/o Centennial Conferences • 908 Main Street, Suite 350 • Louisville, CO 80027 USA Email: cecicmc@centennialconferences.com • Fax: [001] 303-499-2599 • Phone: [001] 303-499-2299

(The name and address listed here will be included in the program book. Not considered a registrant unless noted on the registration page.)

AUTHORIZED APPLICANTS SIGNATURE: ______ DATE: _____

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| outside the US and Canada, please include country code. | 1 AA | | | |
| MAIL_ | WEBSITE | | | |
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| Do not include this contact information in the CEC/ICMC 2017 email distrib | | | | |
| □ Single Booth $-10' \times 10' = $2,200$ | □ DOUBLE BOOTH — | 10' x 20' = \$4,000 | | |
| Each booth will be equipped with 3' high fabric side-rails and a 8' high fabric backwall and one (1) $11'' \times 17''$ ID sign. Complimentary wireless internet will be available in the Exhibit Hall. | Each booth will be equipped with 3' high fabric side-rails with 8' high fabric back-w and one (1) $11'' \times 17''$ ID Sign. Complimentary wireless internet will be available in t Exhibit hall. | | | |
| The Booth fee includes one (1) complimentary Full Conference Registration, two (2) Exhibit Hall Only Registrations and one set each of the published CEC and ICMC Conference transactions. The sets will be mailed to the contact person listed above. | The Booth fee includes two (2) complimentary Full Conference Registrations, four Exhibit Hall Only Registrations and two sets each of the CEC and ICMC transaction. The sets will be mailed to the contact person listed above. | | | |
| \Box Check here if your company does not wish to receive the transactions. | □Check here if your transactions. | □Check here if your company wishes to receive only one (1) set each of transactions. | | |
| | □Check here if your co | ompany does not wish to receive | any transactions. | |
| ease submit your company description (approximately 100 words) with your application | n The description will be | | hsite and included in the | |
| e Conference Program Book along with the contact information listed above. To be in oril 10, 2017 by email to cecicmc@centennialconferences.com. | cluded in the Program Boo | • | | |
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PAYMENT INFORMATION FORM

- Contracts must be received by April 10, 2017 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.
- Booth assignments will be posted on the CEC/ICMC website on April 17, 2017.

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

CEC/ICMC 2017 c/o Centennial Conferences 908 Main Street, Suite 350 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 the 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. 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 10, 2017**, an administrative fee of 20% of the total booth fee will be retained. Cancellations after April 10, 2017 will result in full forfeit of exhibit fee.

THANK YOU FOR CHOOSING TO EXHIBIT AT THE CEC/ICMC 2017 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 | | | |
|--------------------------------------|--|--------------------------|-----------|--|--|
| | | COMPANY NAME | | | |
| | | | | | |
| (Dept. / Street / Suite | e# /P.O. Box / etc.) | | | | |
| 0 | C/D | D | G | | |
| CITY | STATE/PROVINCE | POSTAL CODE | COUNTRY | | |
| PHONE | | | | | |
| If outside the US and | Canada, please include country and city co | ode (as applies). | | | |
| E-MAIL | | | | | |
| ☐ Do not include the | ntact information in the CEC/ICMC 2017 e e address, phone/fax numbers and email o | address in the attendees | s list. | | |
| COMPLIMENTARY (Exhibit Hall Only per | EXHIBIT HALL ONLY REGISTRATIONS – | 2 INCLUDED WITH EAC | | | |
| REPRESENTATIVE 1: | FIRST NAME | | LAST NAME | | |
| Тітіе | COMPANY NAM | IE | | | |
| Address | | | | | |
| (Dept. / Street / Suite | | | | | |
| Сіту | State/Province | Postal Code | COUNTRY | | |
| PHONE | | FΔX | | | |
| | Canada, please include country and city co | | | | |
| E-MAIL | | | | | |
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| REPRESENTATIVE 2: | First Name | | LAST NAME | | |
| TITLE | COMPANY NAM | IE. | | | |
| | | | | | |
| Address | | | | | |
| | | | | | |
| CITY | STATE/PROVINCE | POSTAL CODE | COUNTRY | | |
| PHONE | | Fax | | | |
| If outside the US and | Canada, please include country and city co | ode (as applies). | | | |
| E-MAIL | | | | | |
| Do not in alcele | nteret information in the CEC/ICNAC 2047 | | | | |
| | ntact information in the CEC/ICMC 2017 e e address, phone/fax numbers and email o | | s list. | | |

ADDITIONAL EXHIBITOR REGISTRATION FORM

Exhibit Hall Only Registration 1 @ \$150

Exhibit Hall Only personnel may staff the exhibit booth and attend the Welcome Reception, Exhibitor Reception and Refreshment Breaks. Admittance to technical sessions and the Farewell Event **are not included** in this fee.

| FIRST NAME | | LAST NAI | ME | |
|---|---|------------------------------|---|--|
| Тітье | COMPANY NA | AME | | |
| Address | | | | |
| (Dept. / Street / Suite# /P. | O. Box / etc.) | | | |
| Сіту | STATE/PROVINCE | Postal Code | Country | |
| Phone | | FAX | | |
| | ada, please include country and city o | | | |
| E-MAIL | | | | |
| ☐ Do not include this con | tact information in the CEC/ICMC 2 | 017 email distribution list. | | |
| ☐ Do not include the add | ress, phone/fax numbers and email | address in the attendees li | ist. | |
| Exhibit Hall Only personne technical sessions and the | Farewell Event are not included in | this fee. | on, Exhibitor Reception and Refreshment Breaks. Admittance to | |
| TITLE | COMPANY NA | COMPANY NAME | | |
| Address | | | | |
| (Dept. / Street / Suite# /P. | O. Box / etc.) | | | |
| Сіту | State/Province | Postal Code | COUNTRY | |
| Phone | | FΔX | | |
| | ada, please include country and city o | | | |
| E-MAIL | | | | |
| ☐ Do not include this con | tact information in the CEC/ICMC 2 | 017 email distribution list. | | |
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