Reserve your exhibit space by completing this form or download a fillable form at www.itns.org.

8’ x 10’ (100 sq ft)* .......................... $2,650 USD
8’ x 20’ (200 sq ft)* .......................... $5,200 USD
8’ x 10’ nonprofit (100 sq ft)* .......................... $1,975 USD

*Each 8’ x 10’ space includes one 6’ table, two chairs, and an ID sign. Two free registrations for company representatives to attend all lectures are provided. Additional representatives must each pay the registration fee of $595 USD.

We understand further that all space must be paid for in full by 1 May 2019. If assigned space is not paid for in full by the specified date, it may be assigned to another exhibitor at the option of ITNS.

We agree to abide by the Terms and Conditions printed on the reverse side, which are made part of this contract. This is not a binding contract until signed by the ITNS manager, professional relations, on behalf of ITNS.

Please print or type.

Size space____________________________________ Rate____________________________________

After referring to the floor plan on our website at www.itns.org/conference-central, indicate preferred booth numbers.

1st choice_________________ 3rd choice_________________ 2nd choice_________________ 4th choice_________________

List companies you do not want to be near.
(We will try to accommodate requests but can make no guarantees.)

Please check product categories to be listed (check all that apply):

- Clinical Trial Management
- Pharmaceutical
- Education
- Recruitment
- Medical Devices
- Software
- Medical Equipment and Supplies
- Other________________________

Official Program Information

Describe in 50 words or less your products and services to be promoted. Please submit your description electronically to mpaulson@itns.org with your application. Your description will be posted on the website.

Company Information

Company name ________________________________
(Exactly as you wish it to appear in the printed program guide and on exhibit ID sign)

Address ________________________________

City, State, ZIP, Country ________________________________

Phone ________________________________

Fax ________________________________

Website ________________________________

The signers of the application for exhibit space—or person designated above—shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Signature ________________________________

Name ________________________________

Title ________________________________

E-mail ________________________________

Billing Information

This contract will be addressed to the signer (or designee indicated below, if different).

Name ________________________________

Title ________________________________

Company name (if different) ________________________________

Address (if different) ________________________________

City, State, ZIP, Country ________________________________

Phone ________________________________

Fax ________________________________

E-mail ________________________________

Please complete these three steps:

1. Fax the application form to +1.888.374.7259.
2. Make a copy of the form for your records.
3. Through 1 May 2019, return the form with a 50% deposit* per space.
   After 1 May 2019, return the form with a 100% deposit* per space.
   Return to

International Transplant Nurses Society
Exhibition Office
PO Box 3781 • Oak Brook, IL, USA 60522
+1 847.375.4803 • Fax +1 888.374.7259
mpaulson@itns.org

*Make checks payable to International Transplant Nurses Society (ITNS).

PAYMENT INFORMATION

CC# ________________________________ Exp ________________
Check # ________________________________ $ ________________ Date ________________________________
Check # ________________________________ $ ________________ Date ________________________________