

**25<sup>th</sup> ANNUAL MEETING OF THE CLINICAL CYTOMETRY SOCIETY  
OCTOBER 3-5, 2009  
George R. Brown Convention Center – Houston, Texas**

**COMPANY and CONTACT INFORMATION**

Company Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal/Zip \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Website \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Email Address \_\_\_\_\_

**BOOTH PREFERENCE**

Number of 8' x 10' booths desired \_\_\_\_\_

Cost (circle one): \$1500 Commercial      \$400 Non-Profits/Associations      \$500 Unattended Literature Table

List up to 5 booth preferences ranking them from most to least preferred:

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_ 4<sup>th</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_

Please list any company(s) that you would prefer not to be situated adjacent to your booth:

Please provide a description of your exhibit for the exhibition directory (limited to 50 words).

**AGREEMENT**

The individual signing this contract is an authorized representative of the company with the full power and authority to sign and deliver this contract. A signature on this application indicates understanding and agreement to comply with all policies, terms and conditions in the Prospectus and any others issued by CCS regarding the Annual Clinical Cytometry Meeting.

Signature \_\_\_\_\_ Date \_\_\_\_\_

Print Name \_\_\_\_\_ Title \_\_\_\_\_

**SPONSORSHIP**

- Yes, our company is interested in supporting the CCS Annual Meeting in the form of sponsorships, grants, and/or advertisements. Please contact us to discuss the available options.**

**PAYMENT**

- Check drawn from a US bank payable to the Clinical Cytometry Society. A \$50 processing fee will be charged for returned checks. For institutional purposes, the CCS's Federal ID# is 57-0982020.
- Credit Card       Visa       Discover       Mastercard       American Express

Name on Card \_\_\_\_\_ Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Signature \_\_\_\_\_

**Please remit either via fax: 312.896.5614 or mail  
#5 Revere Drive- Suite 200, Northbrook, IL 60062**