



2009 Exhibit Booth Application

24th Annual Meeting ~ October 29 – 31, 2009
Gaylord National Hotel ~ Washington, D.C.

Due August 21, 2009

Exhibitor Contact

The listed contact will receive all exhibit information including the exhibitor service kit. If more than one person should receive this information, please note additional contact information on a separate page.

Company:
Name:
Title:
Address:
Phone: Fax:
Email:

Exhibit Booth Packages: *Please make your choice below.*

- Premier**
\$10,000
- Deluxe**
\$5,000
- Basic**
\$1,500

Payment: *Please select your choice below. Payment must be received with this application.*

- Check (make payable to iSBTc)
- VISA
- MasterCard
- American Express

Card Number..... Expiration Date:
Cardholder Name: (please print):
Signature:..... Date:.....

Company Listing & Exhibit Description

Due August 21, 2009

Please email your company contact/address block and a short description about your organization in a Word document (75-words max) for inclusion in the Final Program to csurinak@isbtc.org.

Exhibit Booth Personnel

Due October 5, 2009

Please include a list of individuals who will be staffing the exhibit for your organization with this application or email to csurinak@isbtc.org. iSBTc limits personnel to four (4) per booth. *Please note, exhibit booth packages allow a limited number of registrations for the Annual Meeting. Exhibit personnel badges alone do not allow entry into scientific sessions.*

Booth Assignments

An exhibit hall floor plan will be sent to confirmed exhibitors separately. Exhibit booth placement will be assigned by priority then on a first-come, first-served basis based on the date/time the application is received.

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury or damage to the exhibitor's displays, equipment, and other property brought upon the premises of the exhibit facility and shall indemnify and hold harmless the International Society for Biological Therapy of Cancer, Inc., the meeting venue, the exposition service contractor, and each of their employees and agents from any and all such losses, damages, and claims. In addition, the exhibitor acknowledges that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

Name (print):
Signature:..... Date:.....

**Return to: iSBTc , Attn: Chloe Surinak~555 E. Wells Street ~ Suite 1100 ~ Milwaukee, WI 53202
Fax: 414-276-3349 ~ Email: csurinak@isbtc.org**

Application Deadline: August 21, 2009