EXHIBITS
6 foot tabletop exhibits are being sold for $1,000 USD per table. Fee includes skirted table, company table sign, and two chairs. Drayage fees may apply depending on the weight and size of exhibit items shipped to the hotel.

Exhibits will be held on Tuesday, 17 May during the morning and afternoon coffee breaks, lunch break, poster session/reception and Wednesday, 18 May during the morning and afternoon coffee breaks and lunch break.

All coffee breaks and reception food and beverage will be served in the exhibit area. Exhibits will be stationed in the Jacobins & Ainay rooms, the ceiling height is 11.8 feet (3.6 meters), and the room is carpeted. Exhibitors may bring their own backdrops, as draping is not provided, however, it must fit within the 6 foot wide space.

EXHIBITOR REGISTRATION
Each company exhibiting at the symposium may send two personnel per table top to work in the exhibit hall. Exhibit personnel are not permitted to attend the symposium, unless they have registered as attendees and paid the appropriate registration fee. Please see the exhibitor registration form for details.

CANCELLATION POLICY
Cancellations received by 1 April 2011 will receive a 50% refund. There will be no refund for booths cancelled after 1 April 2011.

DESCRIPTION OF PRODUCTS
Please provide a brief description (75 words or less) of the products to be displayed, and/or services to be represented at your tabletop exhibit. This description will appear on the PPXRD web site and in the PPXRD Book of Abstracts. E-mail descriptions to Denise Flaherty at: flaherty@icdd.com

CONTRACT & CERTIFICATE OF INSURANCE
Once your application has been received and processed by the ICDD, two copies of the exhibit contract will be mailed to you. The contract will include Rules and Regulations for exhibiting at PPXRD-10. It is mandatory that both copies of the contract be signed and mailed back to the ICDD. Your company must also supply a Certificate of Insurance along with the signed contracts. A Certificate of Insurance is provided by your insurance company, and states the amount of general liability insurance carried by your company. Details regarding the criteria for insurance will be outlined in the Rules and Regulations of your Exhibit Space Contract. No company will be permitted to exhibit at PPXRD without a signed contract and Certificate of Insurance.

FLOOR PLAN
The floor plan will be drafted after the deadline date for exhibit applications, 15 April 2011. Exhibitors will be notified of their table location after that date.
COMPLETE THIS SECTION AS IT SHOULD BE PUBLISHED IN THE BOOK OF ABSTRACTS

Company Name: ________________________________________________________________

Street Address: ________________________________________Mail Stop/PO Box ________

City: ____________________________________________State/Province __________________

Zip/Postal code: __________________________Country _____________________________

General Phone: ______________________General Email: ___________________________

Web Address: ________________________________________________________________

CONTACT PERSON’S INFORMATION (complete only if different from above)

Name: ________________________________________________________________

Address: ________________________________________________________________

Email: _____________________________Phone ________________________________

I would prefer our table(s) not to be adjacent to the following exhibitors: _______________________________

________________________________________________________

PAYMENT INFORMATION

Full payment must be submitted with your application.

Number of 6 ft tables at $1,000 per table _____________ for a total amount due of $ ____________ USD

Please check one of the following options:

□ Check enclosed (payable to ICDD)  or Charge to credit card (check one): □ Visa   □ MasterCard □ American Express

Card Number: ___________________________ Exp. Date __________

Card Holder Name: __________________________________ Card Holder Signature:________________________

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RETURN APPLICATION FORM TO:
Denise Flaherty, Conference Coordinator, ICDD, 12 Campus Boulevard, Newtown Square, PA 19073-3273 Phone: +610-325-9814, Fax: +610-325-9823, flaherty@icdd.com.