Reserve your exhibit space at the …

10th Pharmaceutical Powder X-ray Diffraction Symposium

PPXRD-10

Enclosed are the complete details on exhibiting and sponsorships to promote your products and services to the pharmaceutical XRD market!

www.icdd.com/ppxrd

16—19 May 2011
Exhibition: 17—18 May 2011
Radisson BLU Hotel

Lyon, France

For More Information Contact:
Denise Flaherty
International Centre for Diffraction Data
Tel: +610-325-9814 Email: ppxrd@icdd.com

Exhibit Application
Deadline: 15 April 2011
The 10th Pharmaceutical Powder X-ray Diffraction Symposium
16—19 May 2011, Radisson BLU Hotel, Lyon, France
Exhibition: 17—18 May 2011

EXHIBIT APPLICATION
Return By 15 April 2011

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: __________________________________________________________________________

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.

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.
SPONSORSHIPS—Application Form

Please check the option that you would like to sponsor:

□ 2-Hour Reception Sponsor “Premier Sponsor”—Cost: $6,000 USD. Benefits:
  • Advertisement space in the Book of Abstracts – sponsor must provide the ICDD with their 8 ½” x 11” double sided color ad to be placed in the Book of Abstracts. Please send 100 copies to the ICDD by 15 April 2011.
  • Logo & Link to sponsor’s web site in the electronic Program distribution. The program will be sent to approximately 5,000 targeted e-mail contacts.
  • First choice of exhibit location.
  • Banner advertisement on the PPXRD web page with a link to the sponsor’s web site (120x120 pixels).
  • Logo on all further PPXRD marketing materials and event signs listing you as a “Premier Sponsor” and a sign at the reception acknowledging your company’s sponsorship.

□ Coffee Break Sponsor: Cost: $1,250 USD. Benefits:
  • Advertisement space in the Book of Abstracts – sponsor must provide the ICDD with their 8 ½” x 11” double sided color ad to be placed in the Book of Abstracts. Please send 100 copies to the ICDD by 15 April 2011.
  • Mention in our electronic Program distribution. The program will be sent to approximately 5,000 targeted e-mail contacts.
  • Banner advertisement on the PPXRD web page (120x70 pixels).
  • Signs acknowledging sponsorship prominently displayed at PPXRD-10.

□ Advertisement in the Book of Abstracts – Cost $500 for exhibitors or $1,000 for non-exhibitors:
  □ Exhibitor  □ Non-exhibitor
  Ad size is 8 ½” x 11”; advertisers to provide the ICDD with 100 double-sided color copies to be inserted into the Book of Abstracts by 15 April 2011.

PAYMENT INFORMATION—Full payment must be submitted with your application.

Total amount due $______________________________USD

Please check one of the following options:

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

Card Number:______________________________Exp.________________________

Card Holder Name:_________________________Card Holder Signature________________________

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.
PPXRD-10 EXHIBITOR Registration Form  
10th Annual Pharmaceutical Powder X-ray Diffraction Symposium  

Please list your company name and the names of your exhibit personnel AS THEY SHOULD APPEAR ON NAME BADGES. Limit two personnel per table. Exhibit personnel are not permitted into the symposium unless registered as noted below. Please type or print legibly to avoid mistakes.

Company Name: __________________________________________

Table One

    First Name:___________________________ Last Name:___________________________

    First Name:___________________________ Last Name:___________________________

Table Two (if applicable)

    First Name:___________________________ Last Name:___________________________

    First Name:___________________________ Last Name:___________________________

Payment for Exhibit Personnel to Attend Symposium

ICDD is offering a $200 discount for exhibit personnel to attend the symposium (this does not include Monday’s optional workshop), for an amount due of $1,100 USD. Registration includes lunch on Tuesday and Wednesday, 17-18 May. If one or more of your personnel wishes to attend the symposium, please contact Denise Flaherty: +610-325-9814; flaherty@icdd.com.

Please return this form to: 
Denise Flaherty, ICDD  
12 Campus Boulevard, Newtown Square, PA 19073  
Fax: +610-325-9823 ◆ E-mail: flaherty@icdd.com

PLEASE RETURN FORM BY 1 May 2011