



Exhibitor Badge Order

September 10-13, 2008

DEADLINE: August 8, 2008

BADGE REGISTRATION INFORMATION

Use the form on the following page to list the names of all personnel who will require badges for the exhibition. Complimentary exhibitor badges are available according to the following table:

3m x 3m Booths:	2 Complimentary Exhibitor Badges
3m x 6m Booths:	4 Complimentary Exhibitor Badges
3m x 9m Booths:	6 Complimentary Exhibitor Badges
6m x 9m Booths:	8 Complimentary Exhibitor Badges

All additional exhibitor badges will be billed at the Conference Exhibitor rate of \$395 plus 19.6% VAT. The form on the following page is for exhibitor badges.

- Exhibitor badges will be available for pickup at the Exhibitor Registration Desk starting on Tuesday, September 9th at 13:00. The official badge must be worn whenever an exhibitor is in the Exhibit Hall. No exhibitor will be allowed on the floor without a WMIC badge.
- Substitutions will be accepted until August 8th free of charge. Substitutions after August 8th will incur an additional \$20 fee.
- There is an additional charge of \$50 plus 19.6% VAT for anyone who would like to attend the Gala Dinner (the Gala Dinner is NOT included in the complimentary badges or in the \$395 fee for extra exhibitor badges).

If you have any questions, please feel free to direct them to:

Academy of Molecular Imaging
5839 Green Valley Circle, Suite 209
Cuvler City, CA 90230
Phone (310) 215-9730
E-mail: ami@ami-imaging.org

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- Please type form or print legibly (attach additional page if needed).
- Include individual names as they should appear on badges. List first the complimentary badges to which you are entitled. All others at exhibitor rate \$395 plus 19.6% VAT.
- Badges will be held for on-site pick-up. No badges will be mailed.

Organization: _____

Contact: _____ Mobile #: _____

Telephone: _____ E-mail address: _____

Name	E-mail address (email address required for registration)	PAYMENT AMOUNT (COMP or \$395)	GALA DINNER \$50	VAT 19.6%
SubTotals				

TOTAL: _____

PAYMENT METHODS

Check is enclosed in the amount of \$ _____

Bill the following credit card:
Credit card type: _____ **VISA** _____ **M/C** _____ **AMEX**

Name as it appears on card: _____

Authorized Signature: _____

Credit Card Number: _____ Exp ____/____

Please send invoice/ Purchase Order Number: _____

Wire Info - email ami@ami-imaging.org for instructions

Please return completed form to:
Academy of Molecular Imaging, 5839 Green Valley Circle, Ste #209, Culver City, CA 90230
Phone: 310-215-9730 Fax: 310-215-9731 Federal Tax ID# 52-1706066