

COMMERCIAL EXHIBITOR PREREGISTRATION FORM - Please send this form by fax or mail to:
SSR, 1619 Monroe Street, Madison, WI 53711-2063, FAX: 608-256-4610 (*Question?* tel: 608-256-2777;
email: ssr-am@ssr.org)

Please type or print

Company _____
 Authorizing Officer _____
 Title _____
 Dept/Div _____
 Univ/Org _____
 Address _____
 City _____
 State/Country _____ Post/Zip Code _____
 Telephone _____
 FAX _____
 E-mail: _____
 Web site/URL: _____

Please list the name of the person(s) who will be responsible for staffing your exhibit area. This agreement includes exhibitor badges for two representatives for each exhibitor booth. **These badges do not permit attendance at scientific sessions.**

1. _____
2. _____

Badges for additional representatives may be purchased in advance or onsite at the SSR registration desk for \$50 per person. Please list representatives' names here and indicate below with payment.

3. _____
4. _____

All prices in U.S. dollars (USD).

Exhibit Booth Fees

	Quantity	Price	Total USD Funds
Single Exhibit Booth Fee: (Includes 2 Exhibit Representatives)	_____ @	\$1500.00	\$ _____
Double Exhibit Booth Fee: (Includes 2 Exhibit Representatives)	_____ @	\$2500.00	\$ _____
Additional Representative Badges (see lines 3 and 4, above)	_____ @	\$50.00	\$ _____

Additional Booth Requirements

For exhibit booth items such as additional tables, chairs, or electrical requirements, please contact Gwen Abramson at ssr-am@ssr.org.

Media Distribution Fee \$500.00 \$ _____
 per piece
 SSR will distribute your pamphlet or brochure with each delegate's registration packet. SSR reserves the right to accept or reject materials and will issue a refund if rejected. Media must be received at the meeting site by 16 July 2009.

Literature Exhibit Table \$250.00 per piece \$ _____
 SSR will place your literature on a table in the Exhibit area. SSR reserves the right to accept or reject materials for display and will issue a refund if rejected. Literature must be received at the meeting site by 16 July 2009.

Program Book Advertising Space

¼ page ad	\$300.00	\$ _____
½ page ad	\$500.00	\$ _____
full page ad	\$800.00	\$ _____

Color charges and preferred placement are additional; please contact the SSR Business Office for details. CRC or electronic file due by 11 May 2009.

TOTAL AMOUNT PAID (U.S. DOLLARS ONLY) \$ _____

PAYMENT INFORMATION (Note: All prices in US Dollars. Purchase orders are not accepted. Registrations will not be processed unless accompanied by payment.)

Bank Transfer (please contact the SSR Business Office for payment by wire transfer)

Check or Money Order enclosed (made payable to SSR)

Please make checks payable to the **Society for the Study of Reproduction** and send to: Society for the Study of Reproduction, 1619 Monroe Street, Madison, WI 53711-2063. Fax: **608-256-4610**. Faxed registrations will be processed only if paid with a credit card.

Credit Card: Visa
 MasterCard
 American Express
 Discover

(No other cards accepted.)

Credit Card Number _____

Expiration Date _____ Security Code _____

Name of Cardholder: _____

Signature * _____

* Exhibitor assumes responsibility and agrees to indemnify and defend SSR and the David L. Lawrence Convention Center and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises. The Exhibitor understands that neither SSR nor the David L. Lawrence Convention Center maintain insurance covering the Exhibitors' property and it is the sole responsibility of the Exhibitor to obtain such insurance. Upon signing this Commercial Exhibitor Preregistration Form, Exhibitor indicates acceptance of these terms and conditions printed above and recited in the Exhibitor Information Material.