



Application to Exhibit

50th International Symposium on Microelectronics

Raleigh Convention Center | Raleigh, NC USA

October 10-12, 2017

Details online at www.IMAPS2017.org
Return form: (e) IMAPSHQ@gmail.com; (fax) 919-287-2339

COMPANY IDENTIFICATION Please type or print clearly

Company Name _____

Business Address _____

City, State, Zip _____

Company Website _____

PRIMARY CONTACT IDENTIFICATION

This person will receive all exhibitor related information from IMAPS and the show services contractor, including the exhibitor manual/kit and critical show instructions. It is the responsibility of the primary contact to forward any information received to any and all relevant planning parties within the exhibiting organization. There can be only one primary contact assigned.

Primary Contact Name _____

Phone _____ Fax _____

Email _____

BOOTH SIZES AND FEES Please circle or highlight your selection

	Booth Size	Member Rate	Non-Member Rate	Research Corridor
Early Rate Application submitted on or before April 30, 2017	10'x10'	\$2,000	\$2,750	\$1,200
	10'x20'	\$3,200	\$3,950	\$2,000
	10'x30'	\$5,000	\$5,750	Not available
	20'x20'	\$6,700	\$7,450	Not available
Regular Rate Application submitted on or after May 1, 2017	10'x10'	\$2,300	\$3,050	\$1,500
	10'x20'	\$3,500	\$4,250	\$2,300
	10'x30'	\$5,300	\$6,050	Not available
	20'x20'	\$7,000	\$7,750	Not available

Each 10'x10' includes: 1 full conference badge and 2 booth badges (meals included). Additional badges at additional fees. Cancellations: full refunds only if hall SELLS OUT and request is made 30 days before symposium. Non-member rate includes a one-year standard corporate membership. Please contact Brian Schieman (bschieman@imaps.org or 412-368-1621) with all exhibitor questions.

ADDITIONAL SHOW OPPORTUNITIES

Please Contact Me Right Away About:

- Sponsorship Opportunities (Required during Phase 1)
- Submitting an Abstract to Complement our Booth
- Golf Hole Sponsorship Charity Golf Participation
- Hosting a group site tour at our Research Triangle facility

FOR IMAPS USE ONLY

Booth Assignment # _____ Total Cost of Booth \$ _____

Deposit \$ _____ Payment Received ___/___/___ Type _____

2nd Payment \$ _____ Received ___/___/___ Type _____

PAID IN FULL on ___/___/___

BOOTH LOCATION

First Choice _____

Second Choice _____

Third Choice _____

I wish to be NEXT to the following companies _____

I wish to be located AWAY from the following companies _____

In-Line or Corner Preference? _____

PAYMENT INFORMATION

A 100% payment is due with the submission of the booth application. Please make checks payable to **IMAPS**. Any company with an outstanding balance will not be allowed to set up onsite in Raleigh.

- I have enclosed a check.
- I would like to pay by credit card.

Please charge \$ _____ to my
 AMEX Visa MasterCard Other

Card # _____

Expiration Date _____

Signature _____

AGREEMENT Signature Required

By signing this document your organization agrees to abide by the conditions set forth in this Exhibitor Application and exhibit contract for IMAPS 2017. We further understand that space will be assigned only upon receipt of a completed application and payment of exhibit fees.

Signature _____

Date _____

Return Completed Form and Payment

IMAPS
PO BOX 110127
Research Triangle Park, NC 27709
eFAX (919) 287-2339