

**Eighth International Conference  
on the Ultrasonic Measurement and Imaging  
of Tissue Elasticity<sup>®</sup>  
Vlissingen, Zeeland, The Netherlands  
September 14 – 17, 2009**

## **2009 Exhibition Reservation Forms and Instructions**

### **EXHIBITION RESERVATION PROCEDURE:**

- Booths space – 3 m x 3 m (9 sq m) – will be allocated on a first requested, first reserved basis upon receipt of payment. See floor plan\* on Page 3. 220V AC outlets will be available at each booth.
- Deadline for receipt of full payment is **July 20, 2009**. No exhibition will be allowed to display if **FULL PAYMENT** has not been received by this deadline.
- See Page 3 for Exhibition fees.
- Each Exhibitor will be provided with 1 skirted table, 2 chairs and 1 trash can.
- Each Exhibitor will be listed in the Conference Proceedings and on the Conference website (hyperlinked to the Exhibitor's website) through September 1, 2010.
- Each Exhibitor will be provided with OBE COMPLIMENTARY FULL REGISTRATION with each 3m x 3m booth space purchased, including Conference material, all scientific sessions, coffee breaks, lunches, the Conference Dinner and Opening and Closing Reception Buffets (a €560 value). See Page 2 for the included **REGISTRATION FORM**. All **additional** personnel must be fully registered. Please complete a **SEPARATE REGISTRATION FORM** for each additional person associated with the Exhibition.
- Opening and Closing Reception Buffets and Conference Dinner tickets for spouses/guests are available upon request for an additional charge. (A Spouse/Guest is not a paid registrant for the Conference.)  
**ALL PERSONNEL MUST BE INDIVIDUALLY REGISTERED.**
- Return each form with the correct payment by **EMAIL, FAX** or **MAIL** to:  
The Conference Secretariat  
UTHSCH – Medical School, Department of Diagnostic and Interventional Imaging  
6431 Fannin Street, Suite 6.168  
Houston, Texas 77030-1501, USA  
Fax: +1-713-500-7694  
Telephone: +1-713-500-7687  
Email: elasticity.conference@uth.tmc.edu

Payment Information: Acceptable payment methods are:

1 Credit Cards:

Mastercard, Visa and American Express (NO OTHER CARDS ACCEPTED).

2 Check payable in Euros to:

"Stichting Katholieke Universiteit Nijmegen, Account Nr.: 537728783, ABN AMRO Bank, Reference: ITEC Conference 2009, KP: 5952098"

3 Payment by direct bank wire transfer:

Please contact The Conference Secretariat, above, for routing information.

All payments must be **FREE OF CHARGES TO THE CONFERENCE**.

If paying for more than one registrant, please provide the names of all the registrants included in the payment and **COMPLETE A SEPARATE REGISTRATION FORM** for each.

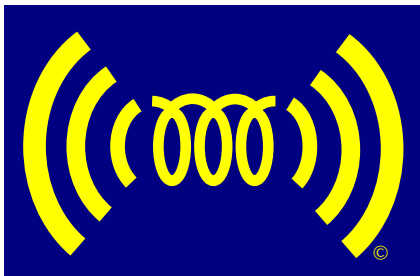
See Page 3 for Payment Options.

### **CANCELLATION:**

Cancellation after **July 20, 2009** will incur a cancellation fee of **€125**.

For cancellation after **August 31, 2009**, Exhibition Reservation Fees are not refundable.

\* Floor plan is subject to change based on poster and exhibition space required.



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**2009 Exhibition Reservation Form**

**Please complete the following details in BLOCK CAPITAL LETTERS:**

Company Name: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Contact Name: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Tel(incl country code): \_\_\_\_\_ FAX(incl country code): \_\_\_\_\_  
 FORM OF HYPERLINK TEXT to Company Website \_\_\_\_\_

Included Registration for:

Prof.     Dr.     Mr.     Ms.     Other \_\_\_\_\_  
 Family (Last)Name: \_\_\_\_\_  
 First (Given) Name: \_\_\_\_\_ MI: \_\_\_\_\_  
 Job Title: \_\_\_\_\_  
 Department: \_\_\_\_\_  
 Street Address: \_\_\_\_\_  
 (if different from above) \_\_\_\_\_  
 City: \_\_\_\_\_ State/Province: \_\_\_\_\_  
 Zip/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Tel(incl country code): \_\_\_\_\_ FAX(incl country code): \_\_\_\_\_  
 Special Dietary Needs: \_\_\_\_\_ Other Special Needs: \_\_\_\_\_  
 YES  NO Will Your **Spouse/Guest** Attend The Conference Dinner and Reception Buffets? (see FEES below)  
 Family Name: \_\_\_\_\_ First Name: \_\_\_\_\_  
 Special Dietary Needs: \_\_\_\_\_ Other Special Needs: \_\_\_\_\_

A Spouse/Guest is not a paid registrant for the Conference.

**ALL OTHER EXHIBITOR PERSONNEL must complete a SEPARATE REGISTRATION FORM.**

**EXHIBITION FEES:**

	Qty	Euro€	Sub Total
Exhibition Fee on or <b>before July 20,2009:</b>	_____	€1550	_____
Exhibition Late Fee <b>after July 20,2009:</b>	_____	€1940	_____
Please reserve Booth Space(s) in order of preference (1,2,3)			
___ A    ___ B    ___ C    ___ D			
Each space is 3m x 3m (9 sq m)			
Additional <b>Spouse/Guest</b> Fees:			
<b>Spouse/Guest</b> Opening Reception Dinner	_____	€30	_____
<b>Spouse/Guest</b> Conference Dinner	_____	€40	_____
<b>Spouse/Guest</b> Closing Reception Dinner	_____	€30	_____
<b>Total Amount Enclosed:</b>		Euro€	_____

**Method of Payment:**

Check payable in Euros to:  
 "Stichting Katholieke Un iversiteit Nijmegen, Account Nr.: 537728783, ABN AMRO Bank, Reference: ITEC Conference 2009, KP: 5952098"  
 Institution or Person issuing check: \_\_\_\_\_

Check#: \_\_\_\_\_ Amount enclosed Euro€ \_\_\_\_\_

Mastercard     Visa     AmEx (NO OTHER CARDS ACCEPTED)    Amount Euro€ \_\_\_\_\_

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

3 Digit Code from Back of Card in Signature Block (CVC-code) \_\_\_\_\_

Cardholder's US Zip Code \_\_\_\_\_

Printed Name of Cardholder (in block letters): \_\_\_\_\_

**Cardholder Signature:** \_\_\_\_\_

**If paying for more than one registrant, please provide the Names of all the Registrants included in the payment and complete a **SEPARATE** REGISTRATION FORM for each individual:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I have read and agree to abide by the Exhibitors Terms and Conditions and all conditions stated in the Exhibition Reservation Form.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Printed Name of Director: \_\_\_\_\_

