

2012 Denver X-ray Conference Exhibit Information

Applications for exhibit space at the 61st Annual Denver X-ray Conference are now being accepted! The conference will be held 6–10 August 2012 at the Denver Marriott Tech Center Hotel, 4900 S. Syracuse Street, Denver, CO 80237, U.S.A., phone: 1-800-228-9290, or dial direct: 1-303-779-1100, fax: 1-303-740-2523, web site: <http://marriott.com/property/propertypage/DENTC>. Exhibits will be located in the Rocky Mountain Event Center, on the ground floor of the hotel. Ceiling height in the ballroom is 24' (to Ceiling Fixtures) and the ballroom is carpeted. Two coffee stations will be located in the ballroom, as indicated on the floor plan. There will be wireless access in the ballroom. Sessions and workshops will be held in the Evergreen Ballroom, also on the ground floor of the hotel.

BOOTH FEE: Linear booths only. The cost per booth is \$2,000. The fee includes:

- ◆ 8' deep x 10' wide booth with drapery (8'-high backwall and 3'-high side drapes)
- ◆ 7" x 44" identification sign with your company name
- ◆ Electronic copy of the 2012 DXC attendee list (distributed in Excel format at the conclusion of the conference)
- ◆ Wireless internet access in the exhibit hall
- ◆ Coffee breaks & evening mixers
- ◆ Waived registration fee for three exhibit personnel per booth

SHOW DECORATOR: ICDD has contracted the services of Freeman Decorating Company. Once your application form has been received and processed, information regarding booth decorations, truck access, shipping, set-up and tear-down details, etc., will be sent to you from Freeman through their on-line service.

EXHIBITOR REGISTRATION: The booth fee includes free registration for three exhibit personnel per booth, a complimentary copy of the *Book of Abstracts* (distributed on a USB stick) and access to all workshops and sessions. All other persons are required to register for the conference.

RADIATION SAFETY: It is suggested that exhibitors NOT have X-rays on in booths. If you need X-rays on, please indicate this on your application form. Information forms regarding Colorado radiation safety regulations and requirements for certification will then be sent to you.

POWER AND PHONE REQUIREMENTS: Power and phone requirements will be handled by the Denver Marriott Tech Center Hotel. A form asking for your requirements will be included in the on-line kit that you will receive from Freeman. Questions regarding the forms should be addressed to the Engineering Department at the Denver Marriott Tech Center.

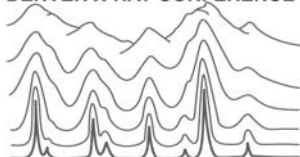
RESERVATIONS: Booths will be assigned on a first-come-first-served basis, excluding sponsors who receive preferential booth space. Please send your exhibit booth application form without delay.

PAYMENT: Because of the competitive nature of booth assignments, we will not reserve booth space for any company without payment or proof of payment. Cancellations received by 1 June 2012 will receive a refund for one half of the booth fee. There will be no refund for booths cancelled after 1 June 2012.

BOOTH SCHEDULE:

Freeman Set Up	Saturday, 8:00 am to 5:00 pm (estimated)
Exhibitor Set Up	Saturday, 5:00 pm (estimated) to 8:00 pm Sunday 8:00 am to 8:00 pm
Exhibit Hours	Mon & Tues: 11:00 am to 5:00 pm Wed: 12:00 pm to 7:00 pm Thurs: 10:00 am to 1:00 pm
Tear Down	Thurs: 1:00 pm to 6:00 pm

DENVER X-RAY CONFERENCE®



For more information:

ICDD Conference Services Department

610.325.9814

dxcc@icdd.com

WWW.DXCICDD.COM

2012 DENVER X-RAY CONFERENCE

6 - 10 AUGUST
DENVER MARRIOTT TECH CENTER HOTEL
DENVER, CO, U.S.A.



Exhibit Application

Booths will be assigned on a first-come-first-served basis, excluding sponsors who receive preferential booth space. Sponsorship application is enclosed.

CANCELLATION POLICY

Cancellations received by 1 June 2012 will receive a refund for one half of the booth fee. There will be no refund for booths cancelled after 1 June 2012.

PAYMENT FOR BOOTH SPACE

Because of the competitive nature of booth assignments, we will not reserve booth space for any company without payment or proof of payment. Full payment must be submitted with your application. If paying by check, and faxing or e-mailing your application, please also send a copy of the check.

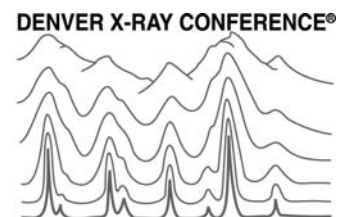
CONTRACT

Once your application has been received and processed, two copies of the exhibit contract will be mailed to you. The contract will include the Rules and Regulations for exhibiting at the 2012 Denver X-ray Conference. It is mandatory that both copies of the contract be signed and mailed back to ICDD. No company will be permitted to exhibit at the conference without a signed contract.

CERTIFICATE OF INSURANCE

Companies exhibiting at the conference will be required to submit a Certificate of Insurance. A Certificate of Insurance is provided by your insurance company, and states the amount of general liability insurance carried by your company. Details will be included in the Rules and Regulations of your Exhibit Space Contract.

The local arrangements committee reserves the right to make the final determination on booth assignments so as to yield an "optimum fit" of exhibitors into the available space. It is therefore important that you indicate several preferences on the application. WE RESERVE THE RIGHT TO REORGANIZE THE BOOTH ARRANGEMENT IF THE DEMAND FOR BOOTH SPACE, SAFETY, OR OTHER CONSIDERATIONS REQUIRE SUCH ACTION.



2012 DENVER X-RAY CONFERENCE EXHIBIT APPLICATION FORM

COMPLETE THIS SECTION AS IT SHOULD BE PUBLISHED on the conference web site and also the *Book of Abstracts*

Company Name _____

Street Address _____ Mail Stop/PO Box _____

City _____ State/Province _____

Zip or Postal Code _____ Country _____

General Phone _____ General E-mail _____

Web Address _____

CONTACT PERSON'S INFORMATION – not printed on web site or the Book of Abstracts. If information is the same as above, you do not need to reprint.

Name _____

Street Address _____ Mail Stop/PO Box _____

City _____ State/Province _____

Zip or Postal Code _____ Country _____

Phone _____ E-mail _____

EXHIBIT SPACE

Please do not make all of your booth preference choices in the same general location. If your preferred booth spaces are not available, the most comparable space still available will be assigned. BOOTH PREFERENCES:

1 _____ 2 _____ 3 _____ 4 _____ 5 _____

X-rays on in Booth, circle one: Yes No

I would prefer our booth(s) not be adjacent to or facing the following probable exhibitors:

PAYMENT INFORMATION Please complete the following information:

Number of Booth(s) at \$2,000 _____ Total Amount Due \$ _____

Check enclosed (payable to ICDD/DXC) or

Charge to (please circle one): Visa MasterCard American Express

Card Number _____ Expiration Date _____

Name on Card (please print) _____ Signature _____

Return application by mail, email or fax to: Conference Services Department, ICDD, 12 Campus Blvd., Newtown Square, PA 19073 E-mail: dxc@icdd.com Fax: 610-325-9823