

## ALLIED EVENT REQUEST APPLICATION

By signing this application, company agrees to follow all guidelines set forth in the prospectus.

**CONTACT INFORMATION**

**QUESTIONS:** **Stan Alger** (Director of Marketing/Development)  
[salger@prri.com](mailto:salger@prri.com) or +1.978.927.8330 (Phone)

**REMIT APPLICATION TO:** **Jennifer Gecawicz**  
[jgecawicz@prri.com](mailto:jgecawicz@prri.com) or via fax to +1.978.524.0461

\_\_\_\_\_  
Sponsoring Company Name Contact Name

\_\_\_\_\_  
Address City State Zip Country

\_\_\_\_\_  
Phone Fax Email

Date of Proposed Event: \_\_\_\_\_ Expected Attendance: \_\_\_\_\_

Brief Description of event:

**ROOM SET**

- Classroom  Podium
- Theater  Head table # ppl \_\_\_\_\_
- Conference
- Hollow Square
- U-shape
- Reception
- Banquet (rounds)

**FUNCTION TYPE**

- |   | INDUSTRY                            | NON PROFIT                     |
|---|-------------------------------------|--------------------------------|
| <input type="checkbox"/> Investigator's Meeting                         | <input type="checkbox"/> \$ 2500    | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Focus Group                                    | <input type="checkbox"/> \$ 2500    | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Dinner Meeting                                 | <input type="checkbox"/> \$ 1000    |                                |
| <b><input type="checkbox"/> Onsite <input type="checkbox"/> Offsite</b> |                                     |                                |
| <input type="checkbox"/> Committee Meeting                              |                                     | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Hospitality                                    | <input type="checkbox"/> \$1000/DAY | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Staff Meeting                                  | <input type="checkbox"/> \$ 750     | <input type="checkbox"/> \$250 |
| <input type="checkbox"/> Staff Office*                                  | <input type="checkbox"/> \$ 200     | <input type="checkbox"/> \$200 |

\*for duration of program, limited to 500s.f.

Once space has been assigned and confirmed by ISMICS you will be put in direct contact with a catering representative. Catering, special set fees, AV, electrical/telecommunications and labor are not included in the fee. Each sponsor is responsible for all charges to the facility.

\_\_\_\_\_  
Signature Date

**PAYMENT INFORMATION** FEE DUE: \$ \_\_\_\_\_  Check amount enclosed: \$ \_\_\_\_\_

**CREDIT CARD**    **Amount to be charged: \$ \_\_\_\_\_**

\_\_\_\_\_  
Credit Card Number Expiration Date Security Code (3 digits on front or back of card)

\_\_\_\_\_  
Name as it appears on credit card Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.  
 If billing address is not the same please enter below.

\_\_\_\_\_  
Company Name Street Address City/State/Postal Code /Country

<p><u>Complete &amp; return to:</u> ISMICS Jennifer Gecawicz / Exhibits Coordinator 500 Cummings Center, Suite 4550, Beverly, MA 01915 USA Phone: +1.978.927.8330 Fax: +1-978.524.0461 <a href="mailto:jgecawicz@prri.com">jgecawicz@prri.com</a></p>	<p><u>For office use only:</u></p> <p>Location: _____</p> <p>Confirmed: _____</p> <p>Date: _____</p>
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