

**EXHIBIT APPLICATION & CONTRACT AGREEMENT – 2008 CPEM EXHIBIT**  
**June 8 – June 13, 2008 ■ Broomfield, Colorado, USA**

Please complete both pages of this form (type or print) and return to  
2008 CPEM EXHIBIT, c/o Centennial Conferences, 901 Front Street, Suite 130, Louisville, Colorado 80027 USA  
Tel: (001) 303-499-2299 Fax: (001) 303-499-2599

**EXHIBITING COMPANY/ORGANIZATION** (For Signage) \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

Check here, if you do not wish your contact information to be included in any published attendees list.

**BOOTH REGISTRATION**

Single Booth, 10' x 10' = \$1,800     Double Booth, 10' x 20' = \$3,500

One complimentary Full Conference registration, two Exhibit Hall Only registrations and one copy of the Conference Digest is included with each 10' x 10' booth space purchased.

**COMPLIMENTARY FULL CONFERENCE REGISTRANT**

Admission to all technical sessions and social events and one copy of the Conference Digest. If more than one 10' x 10' booth space is purchased, please indicate who is to receive the second copy of the complimentary Conference Digest.

First Name \_\_\_\_\_ Surname/Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

The individual listed above would like:

- to receive the complimentary Conference Digest  
 NOT to be included in any published attendees list

**ADDITIONAL EXHIBIT REPRESENTATIVE(S)** (Check applicable box)

#1  Complimentary Exhibit Hall Only     Complimentary Full Conference (if double booth)     Full Conference (to be invoiced)

Exhibit Hall Only registrations include admission to the Exhibit Hall, the Welcome Reception, the Exhibitor Reception, and the refreshment breaks only.

First Name \_\_\_\_\_ Surname/Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

The individual listed above would like:

- to receive the complimentary Conference Digest (only one copy included in the single booth registration)  
 NOT to be included in any published attendees list

#2  Complimentary Exhibit Hall Only     Full Conference (to be invoiced)

Exhibit Hall Only registrations include admission to the Exhibit Hall, the Welcome Reception, the Exhibitor Reception, and the refreshment breaks only.

First Name \_\_\_\_\_ Surname/Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

**The individual listed above would like:**

- to receive the complimentary Conference Digest (only one copy included in the single booth registration)
- NOT to be included in any published attendees list

**#3  Exhibit Hall Only at \$75     Full Conference (to be invoiced)**

*Exhibit Hall Only registrations include admission to the Exhibit Hall, the Welcome Reception, the Exhibitor Reception, and the refreshment breaks only.*

First Name \_\_\_\_\_ Surname/Last Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Company Web Site \_\_\_\_\_

**The individual listed above would like:**

- to receive the complimentary Conference Digest (only one copy included in the single booth registration)
- NOT to be included in any published attendees list

**COMPANY DESCRIPTION:**

Please submit your company description (50 words or less) **no later than April 1, 2008** to Centennial Conferences by fax (001) 303-499-2599 or email: cpem08@centennialconferences.com. This description will be included in the on-site Conference Program Book along with the contact person's information provided on the first page of this contract.

**PRODUCTS OR SERVICES TO BE DISPLAYED:**

Please submit your products or services to be displayed to Centennial Conferences at email: cpem08@centennialconferences.com or fax: (001) 303-499-2599 no later than **April 1, 2008**.

**POSITIONING ON THE SHOW FLOOR:**

If you wish to avoid assignment of space adjacent to, or across from, particular companies, please indicate below:

\_\_\_\_\_

**SPECIAL REQUESTS (see prospectus):**

Will your company have any special requests at the 2008 CPEM EXHIBIT, i.e. cooling water/drain, chemical mixtures, liquid hydrogen, etc.?

- Yes     No    If "Yes", please indicate below and include email confirmation you received from Tamara Full at the Omni Interlocken Resort:

\_\_\_\_\_

**FEE SUMMARY:**

Booth Fee - Total Booth Fee due by **April 1, 2008** .....\$ \_\_\_\_\_

Additional \$75 "Exhibit-Only" Representatives .....\$ \_\_\_\_\_

**Total \$** \_\_\_\_\_

*Please note, any individuals wishing to attend any technical sessions must indicate "Full Conference". Companies will receive an invoice for these registrations. Fees will be available mid-February on the website.*

**EXHIBIT APPLICATION & CONTRACT AGREEMENT:**

We would like to reserve booth space for the 2008 CPEM EXHIBIT, June 8 - June 13, 2008. We agree to abide by the Terms and Conditions governing exhibits set forth in the Exhibitor Application & Contract Agreement and Rules & Regulations, which is made a part of this contract and to all conditions under which exhibit space at the Omni Interlocken Resort, Broomfield is leased to the 2008 Conference on Precision Electromagnetic Measurements.

Authorized Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**PAYMENT:**

**Please make a copy of this form for your records and return the original along with payment to 2008 CPEM, c/o Centennial Conferences, 901 Front Street, Suite 130, Louisville, CO, USA; or fax (if credit card payment) to (001) 303-499-2599.**

I wish to pay \$ \_\_\_\_\_ by:     Check     VISA     MasterCard     Discover

Check Number: \_\_\_\_\_ (Please make check payable in U.S. dollars drawn on a U.S. bank to 2008 CPEM)

or

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ Verification No (3 digit #; back of the card): \_\_\_\_\_

I hereby authorize Centennial Conferences on behalf of 2008 CPEM to charge my account for the amount stated above.

Name (as it appears on the card): \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

**Cancellation Policy:** If written notice of cancellation is received by April 1, 2008, an administrative fee of 20% of the total booth fee will be retained. Cancellations after April 1, 2008 will result in full forfeiture of the exhibit fee.

**Thank you for choosing to exhibit at CPEM 2008 EXHIBIT!  
We look forward to working with you!**