INDUSTRY PROSPECTUS
UNC/ISMICS Heart Team Summit
A Symposium on Arrhythmia, Appendage and Lead Management Alliances

The Carolina Inn
Chapel Hill, North Carolina

UNC Center for Heart and Vascular Care ♦ The University of North Carolina School of Medicine
Chapel Hill, North Carolina

Course Directors:
Andy Kiser, MD
Cardiothoracic Surgery
Anil Gehi, MD
Electrophysiology

http://ismics.org/summit
ABOUT THE MEETING

UNC/ISMICS Heart Team Summit: A Symposium on Arrhythmia, Appendage, and Lead Management Alliances is for practicing cardiologists, cardiothoracic/vascular surgeons whose scope of practice includes or will include cardiothoracic/vascular surgery. This course is designed for both experienced surgeons who are new to Arrhythmia and Lead Management, residents who are learning new surgery techniques and nurses who work in the field. The Summit will provide tools for surgeons and cardiologists that will enable them to collaborate in the care of patients with atrial fibrillation and implantable devices and leads. Currently, surgeons and cardiologists treat and manage atrial fibrillation and implantable leads independent of each other. Some argue surgical treatment is best; others argue for medical management, while others argue to combine both for optimal outcomes. The ideal state is to consider each patient individually and to work together to develop the best treatment plan. This symposium will educate surgeons and cardiologists to work together to improve patient safety and ablation efficiency.
SUPPORT OPPORTUNITIES

Gold Level includes: $25,000
- Recognition and signage for Gold Level Support.
- Industry Symposium Opportunity (food and beverage and basic audio visual included).
- Five (5) full convention registrations for members of your company.
- Company name on conference website home page.
- Gold Level acknowledgement in program.
- Company listing in program.
- Pre-registration and final participant list (one time use only).
- Attendance at the Faculty Dinner for three (3) representatives.
- Exhibition booth.

Silver Level includes: $15,000
- Recognition and signage for Silver Level Support.
- Three (3) full convention registrations for members of your company.
- Company name on conference website home page.
- Silver Level acknowledgement in program.
- Company listing in program.
- Pre-registration and final participant list (one time use only).
- Attendance at the Faculty Dinner for two (2) representatives.

Bronze Level includes: $10,000
- Recognition and signage for Bronze Level Support.
- One (1) full convention registration for a member of your company.
- Company name on conference website home page.
- Bronze Level acknowledgement in program.
- Company listing in program.

MARKETING SUPPORT OPPORTUNITY

Industry Supported Lunch Symposia* $15,000
Take advantage of this educational opportunity to reach a targeted audience of the UNC/ISMICS Heart Team Summit. Function space has been reserved for 75 - 100 people per session. A basic audiovisual package will be provided to each Symposium Supporter. Food and beverage are also included.
*Sponsors have first right of refusal for available symposia time slots.

INTERESTED? PLEASE CONTACT:

Yvonne Grunebaum
ygrunebaum@prri.com
+1.978.927.8330

As there is much opportunity for industry to help shape what is of interest within a support level, the meeting also has space available for symposia, as well as rooms which can be used for training. The goal is to shape the package in the best way for your company, so as to see value and positioning for your support.
EXHIBITION INFORMATION

SPACE ASSIGNMENT AND RENTAL FEE $3,500

Your exhibit fee includes the following:
- 6 ft. Table and 2 chairs
- Daily aisle cleaning
- Two exhibitor badges
- Company Listing in Program Guide

Space assignment is based on the order of application receipt. If two applications are received at the same time, priority will be given to sponsors of the meeting.

Exhibit space maximum of two spaces are allowed per non-sponsoring exhibitor.

EXHIBIT DATES AND HOURS*

INSTALLATION:
Friday, August 26, 2016 6:00 am – 7:00 am
Friday, August 26, 2016 7:00 am – 12:00 pm
1:00 pm – 3:30 pm
Continental Breakfast 7:00 am – 8:00 am
Coffee Break 10:00 am – 10:15 am
Coffee Break 3:00 pm – 3:15 pm

Saturday, August 27, 2016 7:00 am – 11:00 am
Continental Breakfast 7:00 am – 8:00 am
Coffee Break 10:30 am – 10:45 am

DISMANTLING:
Saturday, August 27, 2016 11:00 am – 12:00 pm

*All Times are subject to change based on final program

LOCATION OF EXHIBITS
The program is located at the Carolina Inn, Chapel Hill, North Carolina. The exhibits will be located in the South section of the John Sprunt Hill Grand Ballroom on the 1st floor, immediately adjacent to the Scientific Sessions in the North and West sections of the Ballroom.

Each exhibit includes two (2) registrations for your company. You may register additional industry personnel at the discounted price of $150 per badge. Industry registration includes Scientific Sessions, Welcome Reception, Continental Breakfast, and morning and afternoon Coffee Breaks.

APPLICATION AND DEPOSIT
Your exhibitor application must be accompanied by full payment of the contracted fee in order to reserve space and must be received by June 24, 2016. The balance of the contracted space must be paid in full by July 15, 2016. Credit card information or checks should be sent to:

ISMICS - Attn: Yvonne Grunebaum
500 Cummings Center – Suite 4550
Beverly, MA 01915 USA
E-mail: industry@ismics.org
Fax: +1.978.524.0461

*We no longer accept emails with credit card information, please fax the application to the above secure fax number.*
NATURE OF EXHIBITION
The UNC/ISMICS Heart Team Summit includes a scientific exhibit designed to provide a showcase of products and services either specifically designed for, or customarily used in, purchasing or delivery of healthcare products. ISMICS reserves the right to refuse rental space to any company whose products and services are not, in the opinion of the Society, compatible with the mission of ISMICS and the objectives of the UNC/ISMICS exhibition.

INSURANCE AND INDEMNIFICATION:
The Exhibitor, The Carolina Inn and the International Society for Minimally Invasive Cardiothoracic Surgery each agree to carry and maintain and provide evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to this contract. Exhibitor’s insurance policy shall name the Inn and ISMICS as additional insureds. Damage to the Inn premises by the Exhibitor or appointed contractors will be the Exhibitor’s responsibility. Exhibitor will accept full responsibility for any damages resulting from any action or omission of their individual employees or contractors in conjunction with organized group activities.

The exhibitor and/or outside contractors must provide proof of worker’s compensation insurance for employees who will work on Inn premises and proof of adequate general liability coverage for the exhibitor and/or outside contractors’ activities while on Inn’s premises, and must comply with all other requirements the Inn deems appropriate, in its sole discretion. Exhibitor’s contracts with its contractors will all specify that contractor and the group will indemnify and hold the Inn harmless from any and all damages or liabilities which may arise by such Contractors or through their use. The Exhibitor shall indemnify, defend and hold harmless ISMICS and the Inn and its officers, directors, partners, agents, members and employees from and against any and all demands, claims, damages to persons or property, losses and liabilities, including reasonable attorney’s fees (collectively “Claims”) arising out of or caused by the Exhibitor’s negligence and/or its, agents’, employees’, independent contractors’ or Exhibitors’ negligence in connection with the use of the Inn facilities. The Exhibitor shall not have waived or be deemed to have waived, by reason of this paragraph, any defense which it may have with respect to such claims.

TERMS IN CASE OF DEFAULT
If any exhibitor or partner fails to pay, when due, any sum agreed upon, or if any exhibitor or sponsors fails to meet any term or condition of the application, or fails to observe and abide by these Rules & Regulations, ISMICS reserves the right to terminate the contract immediately without refund of any monies previously paid. In any case, no refunds will be made on or after June 24, 2016.

SPECIAL NEEDS
Please contact the administrative office if you have a disability, which requires special accommodations.

ENTERTAINMENT AND PRIVATE MEETINGS
ISMICS controls all function space. If your company is interested in holding a meeting while programming is not planned, Please contact our offices and we will be happy to work with you.

EXHIBIT SERVICE KIT
The Service Kit will be available online after May 20 and will provide you with complete information regarding:
- shipping
- utility services
- personnel registration
- pre-registration mailing labels
- product description requirements
- housing accommodations
- and any other information needed during installation, exhibiting and dismantling of your exhibit.

CHANGES
All times, program schedules and floor plans in this prospectus are subject to change based on the final program. All changes will be communicated in subsequent material.
UNC/ISMICS HEART TEAM SUMMIT - Exhibit Application
August 25 – 27, 2016 • Carolina Inn • Chapel Hill, North Carolina

Please complete all sections of this application and either type or print in each section. Sign and return both sides either with a check payable in USD to ISMICS, 500 Cummings Center, Suite 4550, Beverly, MA 01915, USA, fax both sides with a credit card number to +1-978.524.0461 A 50% deposit of the total commitment is due on June 24, 2016. On or after July 15, 2016 payment in full of the total commitment is due.

### CONTACT INFORMATION

Contact Person: This person will receive all correspondence pertaining to this meeting.

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<td>Company Name</td>
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### EXHIBIT SPACE

# TABLE TOPS $3,500 = $

Exhibit Space will be assigned by show management

### COMPANY DESCRIPTION:

Describe products and services to be exhibited in 10 words or less. This will allow us to determine your company’s eligibility to exhibit.

We would like to be near:

We would not like to be near:

### PAYMENT METHOD

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:

- [ ] Check amount enclosed: $__________
  (US banks only)

- [ ] Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. **DO NOT EMAIL.**

#### CREDIT CARD

- [ ] American Express
- [ ] MasterCard
- [ ] Visa

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.

#### WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT AT TIME THE PAYMENT IS PROCESSED.

### AUTHORIZED SIGNATURE

PRINT NAME

TITLE

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FOR ISMICS USE ONLY

Date received: __________ Total Amt due: __________ Amt received: $ __________ Accepted by: __________ ID #: __________

50% by June 24, 2016 ________ PIF by July 15, 2016 ________

Space Assignment: ________ Date assigned: ________ New space assignment: ________ Date assigned: ________

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### CONTACT INFORMATION

**QUESTIONS:**

Yvonne Grunebaum, Director of Industry Relations

ygrunebaum@prri.com or +1.978.927.8330

### REMIT APPLICATION TO:

ISMICS

industry@isms.org or via fax to +1.978.524.0461
The UNC/ISMICS Heart Team Summit and its authorized representatives are hereinafter referred to as “Show Management.”

1. PAYMENT AND REFUNDS. 50% of the total unit fee is due no later than June 24, 2016. 100% of the total commitment due must be paid by July 15, 2016. Applications submitted after July 15, 2016 must be accompanied by payment IN FULL. Applications received without such payment will be placed on a waiting list. If Show Management receives a written request for cancellation of space in whole or in part on or before June 24, 2016, the exhibitor will be liable for a 25% processing fee. For cancellations in whole or in part after June 24, 2016, no refunds will be issued. It is expressly agreed by the exhibitor that in the event exhibitor fails to pay the space rental at the times specified, or fails to comply with any other provisions contained in these rules and regulations. Exhibit space shall be under the exclusive control of the exhibitor and show management shall have no obligation to reassess the booth location as shown on the face of the contract or to take possession of said space and lease same, or any part thereof, to such parties and upon such terms and conditions as it may deem proper. In the event of default by the exhibitor, as set forth in the previous sentence, the exhibitor shall forfeit as liquidated damages, the amount paid by exhibitor for their space reservation, regardless of whether or not the Show Management enters into a further lease.

2. SPACE RENTAL AND ASSIGNMENT OF LOCATION. Whenever possible, space assignments will be made by Show Management in keeping with the preferences as to location requested by the exhibitor. Show Management, however, reserves the right to make the final determination of all space assignments in the best interests of the exposition.

3. USE OF SPACE, SUBLETTING OF SPACE. No exhibitor shall assign, sublet, or share the space allotted with another business or firm unless approval has been obtained in writing from Show Management. Exhibitors are not permitted to feature names or advertisements of non-exhibiting manufacturers, distributors or agents in the exhibitor’s display, parent or subsidiary companies excepted. Exhibitors must show only goods manufactured or dealt by them in the regular course of business. Should an article of non-exhibiting firm be required for operation or demonstration purposes, the exhibitor shall be solely responsible for the installation, identification, and any other activities related to the selection and sale of equipment. No firm or organization not assigned exhibit space will be permitted to solicit business within the space allotted to the exhibitor.

4. EXHIBITORS AUTHORIZED REPRESENTATIVE. Each exhibitor must name one person to be his representative in connection with installation, operation and removal of the firm’s exhibit. Such representative shall be authorized to enter into such service contracts as may be necessary and for which the exhibitor shall be responsible. The exhibitor shall assume responsibility for such representative being in attendance throughout all exposition periods; and this representative shall be responsible for keeping the exhibit neat, manned and orderly at all times. For their own safety and protection, children sixteen (16) years of age and under will not be admitted to the exhibit halls at any time.

5. INSTALLATION AND REMOVAL. Show Management reserves the right to fix the time for the installation of booth space and the time for the removal of the Show. Installation of all exhibits must be fully completed by the opening time of the exposition. Any space not claimed and occupied three hours prior to opening, may be reallocated or reassigned without refund. No exhibitor will be allowed to dismantle or repack any part of the exhibit until after the closing of the Show.

6. ARRANGEMENT OF EXHIBITS. Each exhibitor is provided an Official Exhibitor Kit. The Exhibitor Kit describes the type and arrangement of exhibit space and the standard equipment provided by Show Management for booth construction. All booth space must be arranged and constructed in accordance with the guidelines, provisions and limitations contained in the Exhibitor Kit. If, in the sole opinion of Show Management, any exhibit fails to conform to the Exhibitor Kit guidelines, or the provisions set forth herein, such exhibit will be prohibited from functioning at any time during the exposition. Exhibit plans, construction plans and layout arrangements for first-time exhibitors, exhibits in peninsula or island booth spaces, or involving other unusual construction features, must be submitted for approval at least sixty (60) days prior to the opening of the exposition.

7. EXHIBITS & PUBLIC POLICY. Each exhibitor is charged with knowledge of all laws, ordinances and regulations pertaining to health, fire prevention and public safety, while participating in this exposition. Compliance with such laws, ordinances and regulations and the sole responsibility is that of the exhibitor. Show Management and service contractors have no responsibility pertaining to the compliance with laws as to public policy as far as individual exhibitor's space, materials and operation is concerned. Should an exhibitor have any questions as to the application of such laws, ordinances and regulations to his exhibit or display, Show Management will endeavor to answer them. All booth decorations including carpeting must be flame-proofed and all hangings must clear the floor. Electrical wiring must conform with the Electrical Code Safety Rules. If inspection indicates any exhibitor has neglected to comply with these regulations, or otherwise incurs fire hazard, the right is reserved to cancel all or such part of his exhibit as may be irregular, and effect the removal of same at exhibitor’s expense. Exhibitors will not be permitted to store or leave behind any and ground any exhibit structure such as cardboard cartons, literature, etc. Excess supplies must be stored in areas which will be made available for such purpose. If unusual equipment or machinery is to be installed or if appliances might come under fire codes are to be used the exhibitor should communicate with Show Management for information concerning facilities or regulations. Exhibitors must comply with local fire regulations.

8. STORAGE OF PACKING CRATES AND BOXES. Exhibitors will not be permitted to store packing crates and boxes in their booths during the exhibit period, but these, when properly marked, will be stored and returned to the booth by service contractors. It is the exhibitor’s responsibility to mark all crates and boxes. Correct identification and marking will not only prevent the loss of crates, but also prevent the misuse of the same to hold valuable goods. The liability for the contents of crates or boxes improperly labeled as “empty” because of the lack of storage facilities, it may be necessary to store equipment on hand trucks outside the building, equipment will be made to load and unload space from the elements, but neither Show Management nor its service contractors will assume any responsibility for damage to them. The removal and return of large crates that cannot be handled by any means excepted powerful hand trucks will be charged at prevailing rates. Crates, boxes or other materials unclaimed by the exhibitor after the Show will be removed at the exhibitor’s expense. Exhibitors will be billed by Show Contractors for removal time and materials at prevailing rates.

9. OPERATION OF DISPLAYS. Show Management reserves the right to restrict the operation of, or to evict completely, any exhibit which, in its sole opinion, detracts from the general character of the exhibit in so far as it is possible to do so. This includes, but is not limited to, an exhibit which, because of noise, flashing lights, method of operation, display of unsuitable material, are determined by Show Management to be objectionable to the successful conduct of the exposition as a whole. Use of so-called “barkers” or “pitchmen” is strictly prohibited. All demonstrations or other promotional activities must be confined to the limits of the exhibit space. Sufficient space must be provided within the exhibit space for the comfort and safety of persons watching demonstrations and other promotional activities. Each exhibitor is responsible for keeping the aisles near its exhibit space free of congestion caused by exhibits or demonstrations or other promotional activities.

Direct Sales. No retail sales are permitted within the exhibit area at any time, but orders may be taken for future delivery.

Contests, Drawings & Lotteries. All unusual promotional activities must be approved in writing by Show Management no later than 60 days prior to the opening of the exposition.

Literature Distribution. All demonstrations or other activities must be confined to the limits of the exhibitor’s booth space. Distribution of circulars may be made only within the space assigned to the exhibitor distributing such materials. No advertising circulars, catalogs, folders, or devices shall be distributed by exhibitors in the aisles, meeting rooms, registration areas, lounges, or grounds of the host facility. Trade publishers are prohibited from distributing material, whether guest exhibit space or public, models.

Live Animals. Live animals are prohibited.

Models. Booth representatives, including models or demonstrators, must be properly and modestly dressed. Excessively revealing attire is prohibited.

Sound. Exhibits which include the operation of musical instruments, radios, sound projection equipment, public address systems or any noisemaking machines must be conducted or arranged so that the noise resulting from the demonstration will not annoy or disturb adjacent exhibitors and their patrons, nor cause the aisles to be blocked. Operators of noisemaking exhibits must secure approval of Show Management prior to bringing such equipment to the show.

10. SOCIAL ACTIVITIES. Exhibitor agrees to withhold sponsoring hospitality suites/rooms or other functions during official show activities, including exhibit hours, social functions, educational seminars and presentations.

11. INSURANCE AND INDEMNIFICATION. The Exhibitor, the Carolina Inn and the International Society for Minimally Invasive Cardiothoracic Surgery agree each to carry and maintain evidence of liability and other insurance in amounts sufficient to provide coverage against any claims arising from any activities arising out of or resulting from the respective obligations pursuant to this contract. Exhibitor’s insurance policy shall name the Inn and ISMICS as additional insureds. Damage to the Inn premises by the Exhibitor or Exhibitors or their contractors will be the sole responsibility of the Exh

12. CARE OF BUILDING AND EQUIPMENT. Exhibitors or their agents shall not injure or deface any part of the exhibit building, the booths, or booth contents or show equipment and décor. When the show is over, exhibitors shall be responsible for the cost of removing their equipment and materials from the premises.

13. OTHER REGULATIONS. Any and all matters not specifically covered by the preceding rules and regulations shall be subject solely to the decision of Show Management. SHOW MANAGEMENT SHALL HAVE THE POWER TO INTERPRET, AMEND, AND ENFORCE THESE RULES AND REGULATION, PROVIDED EXHIBITORS RECEIVE NOTICE OF ANY AMENDMENTS WHEN MADE. EACH EXHIBITOR AND ITS EMPLOYEES AGREES TO ABIDE BY THE FOREGOING RULES AND REGULATIONS AND BY ANY AMENDMENTS OR ADDITIONS HERETO IN CONFORMANCE WITH THE PRECEDING SENTENCE. EXHIBITORS OR THEIR REPRESENTATIVES WHO FAIL TO OBSERVE THESE CONDITIONS OF CONTRACT OR WHO, IN THE OPINION OF SHOW MANAGEMENT, CONDUCT THEMSELVES UNETHICALLY MAY IMMEDIATELY BE DISMISSED FROM THE EXHIBIT AREA WITHOUT REFUND OR OTHER APPEAL.

DATE

AUTHORIZED SIGNATURE

TITLE
Once ISMICS receives your Support Request Form you will be notified regarding approval of your request and to confirm the appropriate next steps. Please indicate your interests below:

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<th>Exhibitor/Supporter</th>
<th>Contact/Title</th>
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- **GOLD LEVEL**: $25,000
- **SILVER LEVEL**: $15,000
- **BRONZE LEVEL**: $10,000

By signing this document, company agrees that this is a legally binding contract and that 50% payment is due with this agreement with the balance due July 15, 2016. If a written cancellation is received on or before June 24, 2016, 25% of the entire fee will be due or retained as a cancellation fee. If a written cancellation is received after June 24, 2016, a refund will not be issued unless the support is resold at the full amount. At that time a full refund less 25% administrative fee will be issued.

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**PAYMENT INFORMATION**

- **FEE DUE**: __________
- **Check amount enclosed**: __________

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<th>CREDIT CARD</th>
<th>Amount to be charged: __________</th>
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- **Credit Card Number**: __________
- **Expiration Date**: __________
- **Security Code**: __________

- **Name as it appears on credit card**: __________
- **Cardholder’s Signature**: __________

- **Secure Fax**: + 978.524.0461 This form must be faxed if credit card number is showing. **DO NOT EMAIL**.
- **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.**

<table>
<thead>
<tr>
<th>Company Name</th>
<th>Street Address</th>
<th>City/State/Postal Code /Country</th>
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SYMPOSIUM REQUEST APPLICATION

EXACT TITLE OF SYMPOSIUM:___________________________________________________________________________________

COMPANY: __________________________________________________________________________________________________

CONTACT: ___________________________________  TITLE: _________________________________________________________

ADDRESS: ________________________________ CITY:_________________ STATE:____ ZIP/CODE:________ COUNTRY:________

TELEPHONE: ______________________

FAX:_______________________ EMAIL:__________________________________________

TARGET AUDIENCE: ____________________________________________________________________________________________

BRIEF DESCRIPTION OF EVENT: ________________________________________

_____________________________________________________________________________________________________________

Agreed upon date and time ___________________________________

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Signature ________________________________________________________________ Date __________________________

PAYMENT INFORMATION

PAYMENT METHOD  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 __________________________

☐ Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

☐ 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 ____________________________

FOR ISMICS USE ONLY

Date Received: __________________________

Confirmation Sent: __________________________

Payment Received and Entered: __________________________
EXHIBIT FLOOR PLAN

John Sprunt Hill Ballroom South Section