



MAY 10-12, 2016 SHANGHAI / P.R. CHINA  
SHANGHAI INTERNATIONAL CONVENTION CENTER AND  
ORIENTAL RIVERSIDE HOTEL

## Exhibit Application & Contract

### Rental Details

The exhibit space rental includes:

- (1) 3 x 3 meter stall
- Octonorm Structure with white panels
- (1) Full Technical Conference Badge
- (2) Exhibitor Personnel Badges
- Stall Fascia (*company name & booth number*)
- Complimentary E-Invite pass
- Company listing in Show Directory (*Due March 11, 2016*)
- Company listing in Online Show Directory with link to your website (*exhibitor to complete - Due March 11, 2016*)
- Post-Attendees list following event  
(*complete mailing address, name and title – No email addresses*)

### Rental Rates & Payment Schedule

- Rental Rate for First Stall: 10' x 10' - **\$3,150**
- Corner Stall: **\$100** charge per corner
- Each additional stall: **\$2,950**

**50% Deposit due by August 31, 2015.**

**Final Payment due February 1, 2016.**

*Signed contract indicates the applicant's willingness to abide by all exhibit terms & conditions and general regulations. The Terms of Cancellation are located in the Terms and Conditions.*

### Stall Selection

*Please indicate booth choice in order of preference:*

1<sup>st</sup> Choice \_\_\_\_\_

2<sup>nd</sup> Choice \_\_\_\_\_

3<sup>rd</sup> Choice \_\_\_\_\_

### Competitors

*Please list companies you **Do Not Want** to be located near.*

*ASM will make every effort to comply with this request.*

\_\_\_\_\_

### Exhibit Application and Contract

Exhibiting Company Name (*as it will appear on all exhibitor lists*):

\_\_\_\_\_

Address: \_\_\_\_\_

City/ST/Zip: \_\_\_\_\_

Website: \_\_\_\_\_

### Contact Person For All Correspondence:

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### Payment Information:

*Payment in full MUST accompany this application.*

Check Enclosed (*payable to ASM International*) \$ \_\_\_\_\_

Charge: Credit Card Amount \$ \_\_\_\_\_

\_\_\_\_ VISA \_\_\_\_ MasterCard \_\_\_\_ AMEX \_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Name of Cardholder: (*print*) \_\_\_\_\_

*This application should be signed and emailed to Kelly Thomas at [kelly.thomas@asminternational.org](mailto:kelly.thomas@asminternational.org). To make a payment by mail send to: ASM International, 9639 Kinsman Road, Materials Park, OH 44073, Attn.: Beth Abruzzino, Member Services Center.*

#### Exhibit Management Use Only

Booth #: \_\_\_\_\_

Size of Booth: \_\_\_\_\_

Cost: \_\_\_\_\_

Deposit: \_\_\_\_\_

Accepted By: \_\_\_\_\_

Date: \_\_\_\_\_