



13th Symposium on
Cochlear Implants in Children
Children achieving their full potential

July 14 – 16, 2011
Sheraton Hotel, Chicago, Illinois

EXHIBIT LEVELS & FEES

Platinum Exhibitor

\$40,000

Exhibit fee will include the following:

- 20'x30' exhibit space. *Note: Booths will be assigned according to the date the application is received.*
- Recognition from the podium, through event signage and in the Program Book.
- Registration for 15 company personnel (see exhibitor rules and regulations for details.)
- Attend all sessions.
- Complimentary link on Cochlear Implants in Children 2011 meeting website.
- Vendor distribution of one approved insert in registration materials. (Per ACCME regulations, insert to pertain to the company and not on a specific product.)
- Advance and post attendee list. Mailer subject to CI Exhibit Management approval.
- Complimentary meeting space for symposia event.*
- Existing Audio Visual at no charge for symposia events.
Note: Additional audio visual requested will be charged to the exhibiting company.
- Complimentary meeting space for social functions.*

**Cochlear Implants will assign dates, times and location for all events listed above. Exhibitor is responsible for all additional charges (i.e. food & beverage, additional audio visual, etc.)*

Exhibitor application on reverse side.

Application for Booth Space

COMPANY NAME AS IT SHOULD BE PUBLISHED

CONTACT NAME (WILL RECEIVE ALL CORRESPONDENCE)

ADDRESS (NO PO BOX ADDRESS PLEASE)

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

FAX

EMAIL

We the undersigned, hereby apply for exhibit space at the 13th International Symposium on Cochlear Implants in Children, subject to the rules and regulations governing the exhibition as stated in the prospectus, which we accept as part of the agreement.

Exhibit Level

Platinum Exhibitor- \$40,000

As an authorized representative of the company named above, I have read and understand the rules and regulations outlined in the CI 2011 Exhibitors Prospectus. I understand and agree to accept and abide by those rules and regulations.

SIGNATURE OF EXHIBIT MANAGER

EXHIBIT MANAGER NAME (PLEASE PRINT), DATE

CI MANAGEMENT USE ONLY

BOOTH SIZE _____
TOTAL COST _____
DEPOSIT _____
BALANCE DUE _____

Exhibits Contact

Laura Page, Exhibits Coordinator
633 N Saint Clair St.
Chicago, IL 60611-3211
Phone: 312/202-5034 **Fax:** 312/202-5003
Email: lp@fac.org
Website: www.ci2011usa.com

Terms of Payment

Deposit in the amount of 50% of the total booth cost will be due on **February 18, 2011**. Notification of space will be mailed out in November.

Full Payment is due **April 8, 2011**. Failure to submit full payment by this date may result in cancellation of space and a penalty. All applications received after April 8, 2011, must be received with full payment. No applications will be processed without full payment.

Cancellation of space after **February 18, 2011**, will result in a penalty of 100 percent of the total cost of the space assigned.

Return Application and deposit to:

American College of Surgeons
Attn: CI 2011, Laura Page, Exhibits Coordinator
633 N. Saint Clair St., Chicago, IL 60611-3211
Fax: 312/202-5003

Check Enclosed: Make all checks payable to Cochlear Implants. Checks must be drawn in U.S. dollars drawn on a U.S. bank.

Charge the following credit card:
Cochlear Implants is authorized to charge the following credit card the fee of the exhibit level checked above.

American Express MasterCard VISA

CARD NUMBER

EXP DATE

SIGNATURE