

• International Meeting of the Psychometric Society • CONTRACT APPLICATION FOR EXHIBIT SPACE

Conference Dates: July 16-19, 2024

Exhibit Dates: July 16-19, 2024

**Location: Prague University of Economics & Business,
Prague, Czech Republic**

**List your company name as you would like it to appear on
any promotions (please print or type):**

Firm Name: _____

Address: _____

City: _____

State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: (____) _____

Fax: (____) _____

Company Email: _____

Company Website Address: _____

Name of Contact Person (to whom all correspondence and
exhibit kit should be sent):

Contact Person's Email (Required):

Contact Person's Telephone:
(____) _____

Cancellation Policy:

Cancellations received before June 14, 2024, will be charged a \$100 administrative fee. Cancellations after June 14, 2024, will not receive a refund unless the booth space is resold.

Exhibitor Hours

Tuesday, July 16	8:30 a.m. - 3:30 p.m.
Wednesday, July 17	9:00 a.m. - 3:30 p.m.
Thursday, July 18	9:00 a.m. - 3:30 p.m.
Friday, July 19	9:00 a.m. - 11:00 a.m.

Exhibit Setup

Monday, July 15	2:00 p.m. - 5:00 p.m.
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Exhibit Teardown

Friday, July 19	11:00 a.m. - 12:00 p.m.
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Exhibit Tabletop Space

We will exhibit at the IMPS 2024 Meeting.

Rate: \$800: Tabletop exhibit (6-foot table, two optional chairs)

Payment

Check (Please make checks payable in US funds, drawn on a US bank to: Psychometric Society)

Visa/MasterCard/Discover

Card Number: _____

Exp. Date: _____

CVV#: _____

Amt. Authorized: \$ _____

Card Holder Name: _____

Card Holder Signature: _____

Terms and Conditions:

1. Enclose payment for the tabletop exhibit requested.
2. IMPS 2024 will have the right of interpretation and approval on all matters pertaining to the contract rules and regulations. This application is made with the understanding that the applicant agrees to abide by all rules and regulations that may be issued by the Psychometric Society in connection with this exposition.

Name of Authorizing Officer (type or print) Title

Signature of Authorizing Officer Date

Check here if we can contact you about sponsorship opportunities at the IMPS 2024.

(All sponsors will be duly acknowledged.)

Please sign and return with fee to:

Brooke Miller
Psychometric Society
2424 American Lane
Madison, WI 53704-3102 USA

Telephone: +1-608-268-4712

Fax: +1-608-333-0310

Email: bmiller@reesgroupinc.com

Website: www.psychometricsociety.org

