

• International Meeting of the Psychometric Society •

CONTRACT APPLICATION FOR EXHIBIT SPACE

Conference Dates: July 15-19, 2019

Exhibit Dates: July 16-19, 2019

Location: UC Extension Center, Santiago, Chile

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 21, 2019**, will be charged a \$100 administrative fee. Cancellations after June 21, 2019, will not receive a refund unless the booth space is resold.

Exhibitor Hours:

Tuesday, July 16 10:00 a.m.-3:00 p.m.

Wednesday, July 17 8:00 a.m.-12:30 p.m.

Thursday, July 18 8:00 a.m.-3:00 p.m.

Friday, July 19 8:00 a.m.-1:00 p.m.

Exhibit Setup:

Tuesday, July 16 8:30 a.m.-10:00 a.m.

Exhibit Teardown:

Friday, July 19 1:00 p.m.-2:30 p.m.

Exhibit Space

We will exhibit at the IMPS 2019 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 2019 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 2019.
(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

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Fax: +1-608-443-2474

Email: bmiller@reesgroupinc.com

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