

Application/Contract for OARSI World Congress Exhibit Space

12th World Congress on Osteoarthritis
December 6-9, 2007
Harbor Beach Marriott Resort & Spa
Ft. Lauderdale, FL, USA

EXHIBIT DATES: December 6-8, 2007

Important: Please Print

The information completed below will be printed in the official meeting program.

Company: _____
 Company Representative: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____ Fax: _____
 Web site: _____
 E-mail: _____

Company representative who will receive all information:

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____ Fax: _____
 E-mail: _____

Contractor Information

(In order for the contractor handling your decorating needs to receive an Exhibitor Manual, provide the following information, if applicable)

Name: _____
 Address: _____
 City: _____
 State: _____ Zip: _____
 Country: _____
 Phone: _____ Fax: _____
 E-mail: _____

Total Number/Size of Booth(s): _____

- Booth Rate - Member and Sponsor \$2,000
- Booth Rate - Non-Member \$2,500

Credit Card Information Visa MasterCard American Express

Credit Card Number _____
 Expiration Date _____
 Cardholder Signature _____
 Name as it Appears on Credit Card _____

Payment Information

Payment Enclosed: \$ _____
 Please make the check payable to OARSI (U.S. funds drawn on a U.S. bank only) and mail to Osteoarthritis Research Society International, Exhibits Manager, 15000 Commerce Parkway, Suite C, Mt. Laurel, NJ 08054. If you are paying via wire transfer, contact Melanie McClurkin at +1 (856) 439-1385, ext. 4208 or e-mail at mmclurkin@ahint.com. Additional fees apply.

BONUS EXPOSURE - Contracted exhibitors will have their company Web sites linked from the OARSI site.

Principal Products to be Displayed:

- Books Equipment Other (Please Specify)
- Instruments Pharmaceuticals

Preferred Locations (See floor plan.)

(We understand and recognize that the assignments of space are at the sole discretion of Osteoarthritis Research Society International.)

1st _____ 2nd _____ 3rd _____

Competitors you do NOT wish to be near:

Companies you would like to be near:

Company Product Description:

In 50 words or less, please provide a brief description of your company's services and/or products to be included in the official program. Please send via e-mail your description to Melanie McClurkin at mmclurkin@ahint.com by October 1, 2007, to be included in the official congress program.

1. Assignment of space made by OARSI World Congress is considered accepted unless rejected in writing and received by OARSI World Congress management within 14 days from the date space confirmation is received.
2. The undersigned agrees to pay 100 percent of the rental fee with this application made payable to OARSI World Congress.
3. Applications and/or product descriptions received after October 1, 2007, will not be listed in the official congress program.
4. No exhibitor may assign, sublet the whole or any part of space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitors in the regular course of business.
5. The contracting exhibitor agrees that any cancellation must be in writing and that booth fees will not be refunded on or after October 1, 2007. If written cancellation is received prior to October 1, 2007, a refund is issued less a service charge of 50 percent of the net contract price.

The undersigned accepts as part of this contract all rules and regulations set forth in this official exhibitor prospectus and in the exhibitor manual for the OARSI World Congress, which are made a part of this contract, and agrees to comply with the same.

Name: _____
 Title: _____
 Signature: _____

For Official Use Only

Date Received: _____
 Booth Assigned: _____
 Cost of Booth: \$ _____ Amount Paid: \$ _____
 Check #: _____