

EXHIBITOR REGISTRATION FORM

We are pleased that you will be exhibiting at the ISCT 16th Annual Meeting May 23-26, 2010 in Philadelphia, PA. Please ensure you complete the following form to ensure that we are properly prepared for your participants.

You are entitled to 1 Complimentary Full Conference Registration* and 1 Exhibitor Badge.

* This excludes the FACT, GRP and Flow Cytometry pre-conference workshops

Full Conference Registrant

Full Name: _____

Job Title: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Exhibitor Badge

Full Name: _____

Job Title: _____

City: _____ State/Province: _____ Zip/Postal: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

PLEASE RETURN BY FAX/EMAIL BY March 31, 2010

Email: audrey@celltherapysociety.org

Fax: 604.874.4378

ADDITIONAL EXHIBITOR ONLY REGISTRATION FORM

Exhibitor Only Badges are available for **\$200 each or \$600 for 4**. This includes access the exhibit hall ONLY and meals served in the exhibit hall. **Attach additional sheets as necessary.**

Name _____ City: _____ Country: _____ Email: _____

Name _____ City: _____ Country: _____ Email: _____

Name _____ City: _____ Country: _____ Email: _____

Name _____ City: _____ Country: _____ Email: _____

PAYMENT INFORMATION

I/we agree to pay the **TOTAL** sum of US\$ _____

All payments must be made in US dollars. Bank drafts must be drawn on a bank in the US. Please make checks payable to the "International Society for Cellular Therapy". Forward completed application along with check, bank draft, or credit card information to the address below.

I will pay by check (please make payable to the "International Society for Cellular Therapy")

I will pay by credit card (see details below)

Credit Card Authorization

Visa MasterCard AMEX

Card Number#: _____ **Expiry Date:** _____

Card Holder Name: _____

Authorization Signature: _____ **Date Signed:** _____

*All exhibitor name badges may be picked up on-site at the ISCT 16th Annual Meeting registration desk beginning on Saturday, May 23, 2010. All exhibitors must be pre-registered and must wear official name badges at all times throughout the exhibition. **We are unable to offer refunds for cancellations at any time. If the name(s) of your exhibitor badge registrant(s) changes, please email audrey@celltherapysociety.org.***

**PLEASE RETURN ALONG WITH PAYMENT BY FAX/EMAIL/MAIL TO THE ISCT
HEAD OFFICE BY MARCH 31, 2010.**

ISCT Head Office
375 West 5th Avenue, Suite 201
Vancouver, BC V5Y 1J6
Ph: 604.874.4366
Fax: 604.874.4378
Email: audrey@celltherapysociety.org