

## **EXHIBITOR REGISTRATION FORM**

We are pleased that you will be exhibiting at the ISCT 16<sup>th</sup> 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 2 Complimentary Full Conference Registrations\* and 2 Exhibitor Badges.**

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

### **Full Conference Registrant #1**

Full Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Postal: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

### **Full Conference Registrant #2**

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: \_\_\_\_\_

**ISCT 2010 Annual Meeting**

May 23-26, 2010

Philadelphia, PA

**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](mailto: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 16<sup>th</sup> 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](mailto: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 5<sup>th</sup> Avenue, Suite 201  
Vancouver, BC V5Y 1J6  
Ph: 604.874.4366  
Fax: 604.874.4378  
Email: [audrey@celltherapysociety.org](mailto:audrey@celltherapysociety.org)