

Exhibit Hall Order/Contract Form, IMCC4

Delta Hotel & Conference Center, St. John's, Newfoundland & Labrador (YYT)

Meeting Dates: 30 July-3 August 2016

For publication in Final Program

Company Name: _____

Contact Person and Email: _____

Address: _____

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

Phone: _____ Fax: _____ Website: _____

- '14 Exhibitor (Glasgow) Discount (12/1/15 deadline) \$1,000 US \$ _____
- Exhibitor Early Registration Discount (2/1/16 deadline) \$1,300 US \$ _____
- Exhibitor Fee (first booth, after 2/1/16 deadline) \$1,500 US \$ _____
- All Additional Booths \$800 US per booth \$ _____

Sponsorship:

Item #	Name	Amount
_____	_____	\$ _____
_____	_____	\$ _____
Example:		
<u>S-2</u>	<u>Mobile App Banner Page</u>	<u>\$3,000 US</u>

Advertising:

- Premium Advertising Location (Circle one: Inside Front Cover, Back Cover) - Color \$1,500 US \$ _____
- Upgraded Advertising Location (Inside Back Cover- Color 7.25" wide x 10" high \$1,500 US \$ _____
- Full page 7.25" wide x 10" high \$1,000/developing country \$500 US \$ _____
- Half page 7.25" wide x 4.75" high \$500/developing country \$250 US \$ _____
- Quarter page 3.625" wide x 4.75" high \$250/developing country \$100 US \$ _____

TOTAL \$ _____

**See the next page for payment and to provide
Final Program description and booth attendee information**

**Questions? Call us at 703.790.1745,
or email us at LStrong@BurkInc.com**

Exhibit Management Use Only

Amount Enclosed \$ _____

Total Number of Booths _____ Total price of Booths \$ _____

Check _____ Credit Card

Date Accepted _____

Booth(s) Assigned _____

Company: _____

Two are complimentary with each Booth, and enjoy full conference registration. If you would like additional attendees with the Exhibits Only rate, an additional \$75 per attendee, please list their name(s) as well:

1. Included with booth: Name	Email	2. Included with booth: Name	Email
1. Additional Exhibit Personnel @ \$75 each	Email	2. Additional Exhibit Personnel @ \$75 each	Email
3. Additional Exhibit Personnel @ \$75 each	Email	4. Additional Exhibit Personnel @ \$75 each	Email

Send your company description for the Final Program as an email to: LStrong@BurkInc.com by 15 June 2016

Payment Information for Company Name: _____

Full payment is due within 30 days of reservation to secure your Booth and/or Sponsorship. Payment must be received by 1 June 2016 in order to be included in the Final Program.

If paying by check, make payable and mail to: **Society for Conservation Biology (SCB)**, 1313 Dolley Madison Blvd., Suite 402, McLean, VA 22101

VISA MasterCard American Express

Card Number _____ CVV _____ Exp. Date _____

Cardholder Name _____ Cardholder Signature _____

Cardholder Address _____

Cardholder Email _____ Cardholder Phone _____

Booth Total	\$ _____
Sponsorship Total	\$ _____
Advertising	\$ _____
Additional Exhibit Personnel @ \$75 each	\$ _____
TOTAL FEES	\$ _____