

**2008 JOINT RSA/ISBRA SCIENTIFIC CONFERENCE
JUNE 28 – JULY 2 – WASHINGTON, DC**

EXHIBITOR'S INFORMATION

The RSA/ISBRA invites you to exhibit at our conference in Washington, DC. Our registration will consist of approximately 1500 scientists working in the alcohol research field from the US and many foreign countries, especially Europe and Asia. The fact that these RSA/ISBRA members and non-members are at the meeting indicates that they are active, funded scientists. Their research runs the gamut from gene cloning to whole animal research to human epidemiological studies.

We have a limited number of exhibit spaces for \$700 (space arrangement varies according to the hotel, we allow exhibitors to re-arrange their area as space allows). If telephone or electrical outlets are needed at your exhibit, there may be an additional charge. Your exact needs should be indicated on the exhibitor's prospectus – see below. Please return the signed prospectus and non-refundable deposit by March 1, 2008.

Exhibitors will be provided space in the final meeting program to place an advertisement. **The ad should be sent with your final payment (by April 1st) and should be print ready. The black/white ad size will be approximately 3.5" x 3.5".**

The preliminary program, with meeting registration and hotel information, will be available online in early March. If you have any questions please contact debbyrsa@sbcglobal.net or (512) 454-0022.

Sincerely,
Debra Sharp
Debra Sharp
RSA Director

**EXHIBITOR'S PROSPECTUS BELOW
EXHIBITOR SPACE IS LIMITED AND WILL BE AVAILABLE
ON A FIRST-COME FIRST-SERVE BASIS.
CONFIRM YOUR SPACE AS EARLY AS POSSIBLE.**

RSA/ISBRA ~ ~ 2008 EXHIBITOR'S PROSPECTUS

EXHIBITOR: **Please fill out completely.**

COMPANY NAME:

ADDRESS:

CITY:

STATE/COUNTRY:

ZIP CODE:

CONTACT PERSON:

PHONE:

FAX:

E-MAIL:

EXHIBITOR DATES: June 29-July 2, 2008

MEETING DATES: June 28-July 2, 2008

MEETING LOCATION: Grand Hyatt – 1000 H Street, NW, Washington DC 20001
202-582-1234

MEETING CONTACT: Debra Sharp, RSA Director 512-454-0022 ~ fax: 512-454-0812
e-mail: debbyrsa@sbcglobal.net website: www.RSoA.org

EXHIBIT HOURS: Set-up on the morning of Sunday, June 28 and take-down early afternoon on Wednesday, July 2. There are no set hours - most traffic will be during coffee breaks, lunch hours and poster sessions. The preliminary program will be available in March.

LOCATION OF EXHIBITS: Exhibits will be located as close to Poster Sessions/coffee break areas/registrant traffic as hotel space allows.

COST: **\$700.00 = \$100 non-refundable deposit to be paid by March 1st**
\$600 balance (and advertisement) should be received by April 1st
(1 full registration [sessions, Reception, Banquet, Breakfasts] is included)
Payment can be made by check, purchase order or credit card
(Visa, Mastercard or Discover) – for credit card see form below
EXHIBITOR will be responsible for their own shipping/receiving costs.

☞ **WILL YOU HAVE AN ADVERTISEMENT (31/2" x 31/2") TO BE PRINTED IN THE FINAL PROGRAM?:** YES NO

☞ **WILL YOU NEED AN ELECTRICAL OUTLET?:** YES NO
(An extra charge is possible)

☞ **WILL YOU NEED A PHONE AT YOUR EXHIBIT?:** YES NO
(Additional charges will apply - to be paid directly to the hotel.)

☞ **WILL YOU NEED WIRELESS INTERNET ACCESS (\$250 PER DAY)?:** YES NO

☞ **MISCELLANEOUS NEEDS/COMMENTS:**

An exhibition at our annual meeting in no way implies that RSA/ISBRA is endorsing any products, ideas or concepts of the exhibitors. **Nor is RSA/ISBRA responsible/liable for materials displayed or handed out at the meeting by exhibitors.** The exhibitor's fee includes one full registration; additional registrations can be purchased at the RSA/ISBRA Member's rate. Please sign and return a copy, plus \$100 deposit, to RSA by March 1, 2008.

Exhibitor's Signature Date

____ Debra Sharp _____ 10/07 ____
Debra Sharp, RSA Director Date



Phone: 512-454-0022

E-mail: debbyrsa@sbcglobal.net

Fax: 512-454-0812

WebPage: www.RSoA.org

7801 N. Lamar Blvd., Suite D-89, Austin, Texas 78752-1038

CREDIT CARD PAYMENT FORM – RSA/ISBRA 2008 MEETING EXHIBITOR

TYPE OF CARD (Visa, Mastercard or Discover):

NAME ON CARD:

BILLING ADDRESS (Street number and zip code required):

CARD NUMBER:

EXPIRATION DATE:

AMOUNT: \$700