

Chirality 2009 Vendor Seminar Agreement

www.chirality2009.org

Organization _____
Contact Person _____
Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ Fax _____
Email _____
Web site _____

The following schedule lists a limited number of vendor seminars that will be offered free to symposium attendees, who will pre-register to attend the seminar at the booth of the sponsoring vendor. To present, the cost to you is \$800 for the cost of the meeting room and the additional cost of food for approximately 30 attendees (continental breakfast ~ \$20 per person; lunch ~ \$40 per person). The use of a screen and microphone are complimentary and will be provided if requested (LCD projectors are not included). You must be an exhibitor to reserve one of the vendor seminar time slots. Limited to one vendor seminar per company. To request a vendor seminar, you must sign and return this Agreement to the Chirality 2009 Symposium Manager at the address below. One-hour time slots are assigned based on level of sponsorship and on a first-come, first-serve basis while available.

Time Slot Preference (indicate 1st & 2nd choices)

- Monday lunch vendor seminar
- Tuesday breakfast vendor seminar
- Tuesday lunch vendor seminar
- Wednesday breakfast vendor seminar
- Wednesday lunch vendor seminar

By signing this Agreement, you are guaranteeing payment, depending on your time slot, for a minimum number of 15 continental breakfasts or 30 lunches. The Symposium will order the food items. If the number exceeds 15 continental breakfasts or 30 lunches, your representative will be responsible onsite for ordering the final number of attendee meals for your seminar. This Agreement will be accepted so long as time slots are available.

To request a vendor seminar, you must complete this Agreement, provide a Visa, MasterCard, or American Express credit card number (no checks or bank wires) along with the expiration date and signature, and return to the Chirality 2009 Symposium Manager below. When your seminar is accepted, your credit card will be processed \$800 (non-refundable) for the meeting room and your company will be posted on our web site. The cost of the breakfasts or lunches will be charged to the credit card below after the meeting.

MasterCard/Visa/AmExpress # _____ Expires _____
(we do NOT accept any other credit cards) (must expire no earlier than 10/09)

Name as printed on credit card _____

Cardholder Signature _____
(The cardholder, by signing this Agreement, hereby authorizes Barr Conferences to charge this credit card on behalf of the organization named above)

Title of Vendor Seminar: _____

RETURN TO: Ms. Janet Cunningham, Chirality 2009 Symposium / Exhibit Manager
c/o BARR Enterprises, P.O. Box 279, Walkersville, MD 21793, USA
fax 301-668-4312 / janetbarr@aol.com / www.chirality2009.org