

EXHIBITOR — REGISTRATION FORM
34th Annual Meeting of The American Society for Virology
July 11-15, 2015 — Western University

We hereby contract for an exhibit table at **34th Annual Meeting of The American Society for Virology** to be held at Western University, London, Ontario, Canada. **EXHIBITOR SPACE IS VERY LIMITED AND EARLY REGISTRATION (BEFORE June 16) IS ADVISED.** Space will be assigned on a first-come, first-served basis. **Exhibit space cannot be reserved without payment in full.**

The exhibit registration fee of \$1,500 includes **one exhibitor per table, exhibit sign, 6' skirted table, two chairs, wireless Internet and electrical access.** The exhibit registration also provides **conference materials, three box lunches, two dinners, the Tuesday evening banquet, refreshment breaks, welcome reception, three evening socials, and access to all scientific sessions.** **One (1) additional company representatives may be registered for a fee of \$250. Any additional representatives must each register for the meeting at the non-member fee.**

You may register and pay for these services by printing the PDF form and sending it by email and or fax.

Materials should arrive by **July 7, 2015**, but not before July 1, 2015.

Shipping Address:

ASV2015 – Exhibitors
Attn: Ruth Harland / your company's name
Western Conference Services
Room 113, Lambton Hall
1421 Western Road
London, ON N6G 4W4 CANADA

Exhibitor Registration Fee #	@ US \$1,500	=
Additional Representative(s) Attending # _____	@ US \$250 each	= _____
		= _____
	TOTAL FEES	\$ _____

Contact person's name not attending the conference: _____ **Email:** _____

Primary exhibitor's name: _____ **Email:** _____

Company name: _____ By checking this box (required for email confirmation), I agree to allow Western University Conference Services and The American Society for Virology to use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ **Fax:** _____

Exhibit Sign (COMPANY NAME) should read:

Additional Representative(s) Attending:

Additional exhibitor's name: _____ **Email:** _____

By checking this box (required for email confirmation), I agree to allow Western University Conference Services and The American Society for Virology to use this email address to communicate with me about all programs for which I register. This email address will also be used to communicate logistical information regarding the program.

Business address: _____

City, State, ZIP code: _____

Business or home phone no.: _____ Fax: _____

Executed by: _____
(Date) (Signature and Title)

Payment Method:

Your payment, by credit card or check must accompany your registration form.

Enclosed is a check for the total amount indicated **payable to Western University.**

Charge the amount of \$ _____ to my ___ MasterCard __ VISA

Cardholder's name (please print) _____

Cardholder's signature _____

Cardholder's email _____

Card no. _____ Exp. date (mo./yr.) ____ / ____
Credit card charges cannot be processed without signature and expiration date.

Return to:

Western University – Conference Services
ASV2015 – Exhibitor Registration
1421 Western Road
Room 113, Lambton Hall
London, ON N6G 4W4 CANADA

Phone: 1 (888) 661-3545 Fax: (519) 850-2356
Email: conference.services@uwo.ca

Deadline: All registrations must be received by 5:00 p.m. EST on July 7, 2015.

Confirmation: Western University Office of Conference Services will confirm your registration. You will be alerted promptly of any cancellations or changes. If some unforeseen event forces Western University to cancel or postpone the program, you will receive a full refund of your registration fee; however, the University cannot be held responsible for any related costs, including cancellation fees assessed by airlines or travel agencies.

Refunds: If your request to withdraw is received before June 30, 2015, we can issue a partial refund. Send your written request by email to conference.services@uwo.ca or by fax at (519) 850-2356. A \$50 administrative fee will be charged for each withdrawal. Anyone who is registered but cannot attend may send a substitute.

Access: Western University encourages persons with disabilities to participate in its programs and activities. If you anticipate needing special accommodations or have questions about the physical access provided, please note your request on the registration page or contact Conference Services at conference.services@uwo.ca at least two weeks prior to the conference.

Register by printing this PDF and sending it by email or fax to:

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