



4th CDISC European Interchange

Grand Hotel Suisse Majestic, Montreux

23+24+27 April 07 Workshops
25+26 April 07 Conference

EXHIBITOR INFORMATION

EXHIBITION DATES

The exhibition will take place between 9am and 5pm on the 25th and 26th April 2007.

THE EXHIBITOR AREA

The exhibitor area is located in different rooms between the hotel reception and the conference room (see the plan on the next page). This area will be used for all coffee breaks (morning and afternoon) and lunch to guarantee a continuous stream of visitors at the exhibitor's booth during the two days of the CDISC European Interchange 2007.

THE EXHIBITION COSTS

3 meter x 3 meter space cost \$625 for a CDISC corporate sponsor, \$1125 for a CDISC corporate member, \$1625 for a CDISC associate member, and \$2500 for a non-CDISC member. This includes 2 conference registrations, 1 table, 2 chairs, and electrical supply. Additional expenses for services such as drayage, phone, internet connection, etc. will be available through the hotel at the cost of the exhibitor. Booths will be assigned on a first-come, first-served basis, and confirmation will be sent to the contact listed below.

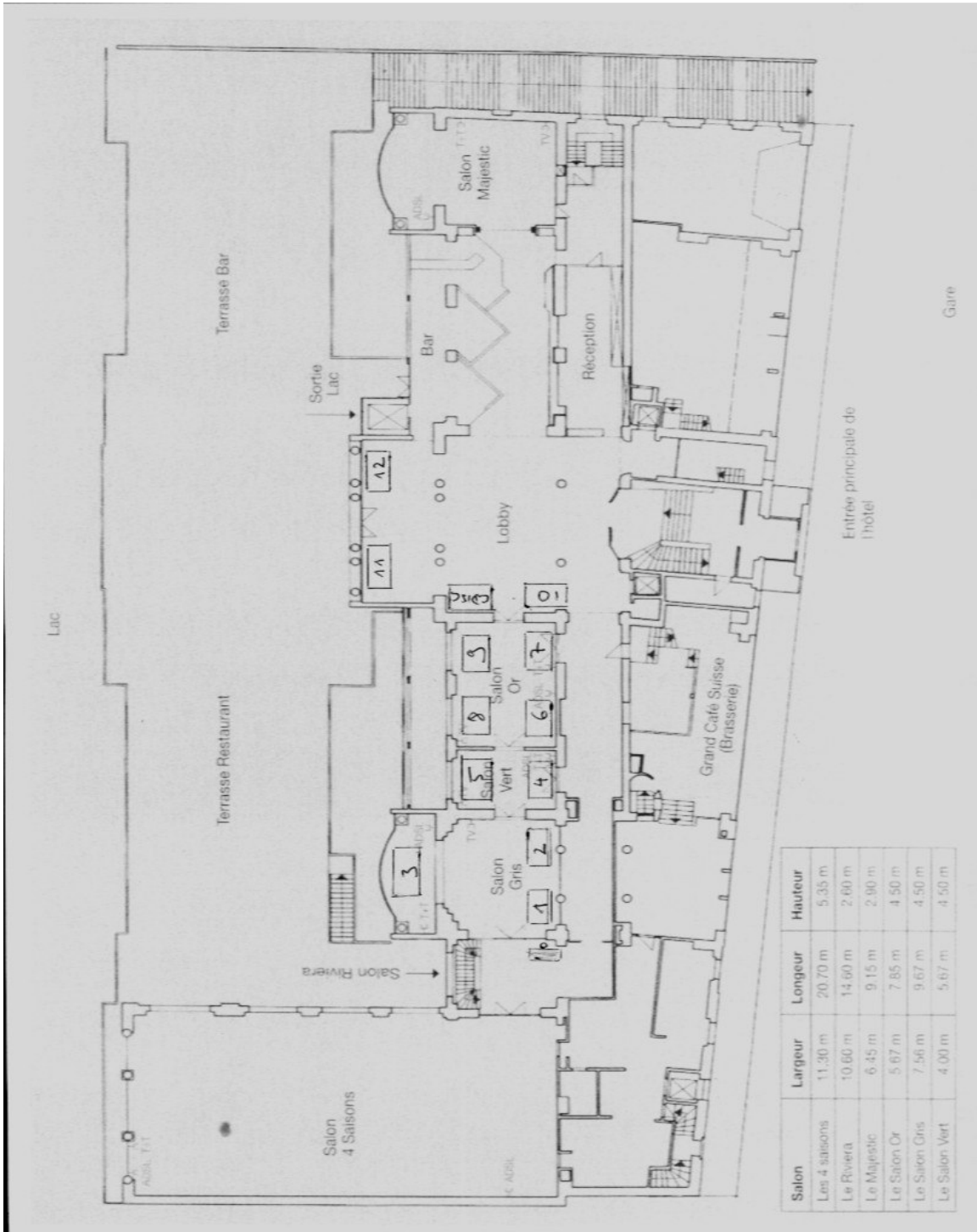
BOOKING

1. The floor plan (see the next page) provides the layout of the exhibition area. On the left side you will find the "Salon 4 Saisons", the conference room. On the right side is reception and the lobby. Breaks and lunch will take place in the whole area between the conference room and the lobby.
2. On the floor plan you find numbers indicating the location of each booth. Please choose your preferred number. Booths will be assigned on a first-come, first-served basis. We will inform you if your number is no longer available and we will offer an alternative.
3. Fill out the exhibitor application form (page 3).

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Company Name: _____

Street Address or P.O. Box Number

City

Zip / Postal Code Country

Phone

Fax

Mail

Products or services to be displayed in the booth:

Number of booth spaces requested: _____

Submitted By _____ Date _____

Payment:

Cheques (checks) should be mailed, with a copy of this application to:

CDISC, 15907 Two Rivers Cove, Austin, TX 78717 USA

Credit card payment by VISA, MasterCard or American Express can be made by completing this form and faxing it to:

001-512-341-9885.

Type of card:

Credit Card Number:

Exp. Date:

Name on Credit Card:

Signature

Clinical Data Interchange Standards Consortium

15907 Two Rivers Cove, Austin, Texas 78717

512.341.9885 | www.cdisc.org



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Cancellation:

- More than 40 days in advance: 75% refund
- 25-40 days in advance: 50% refund
- Less than 25 days notice: no refund.

Note: CDISC reserves the right to deny access to any individual or organization it deems to be inconsistent with the goals of the organization and its members.

The Exhibitor agrees to indemnify and hold harmless CDISC, its employees and members from any and all liability for losses, damages, and claims arising out of injury or damage to Exhibitor's displays, equipment and other property brought on the premises of the hotel by Exhibitor and for losses, damages and claims caused by Exhibitor to the hotel. Exhibitor further agrees to indemnify and hold harmless CDISC, its employees and members from any and all liability to any person or persons for or by reason of any act or omission of said Exhibitor or any of its employees, agents or servants. Exhibitor, by signing the Application, expressly releases the foregoing named association and individuals from any and all liability for losses, claims, damages and injury.

QUESTIONS

If you have any problems or questions, please do not hesitate to contact

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