

To confirm your reservation request, complete both pages of this document and return, by June 30, 2004, to:  
UIC Office of Conferences and Institutes (MC 117), 750 S. Halsted Street, Suite 214, Chicago, IL 60607-7011

**Questions? Contact:**

Gary Miller—Phone (312) 413-1780 • Fax (312) 996-5227 • E-mail gmiller@uic.edu

# EXHIBITOR RESERVATION REQUEST

30th International Symposium on Combustion

July 25–30, 2004, UIC University of Illinois at Chicago, Chicago

## EXHIBIT TERMS AND CONDITIONS

### Location

Exhibition space will be provided in the Chicago Circle Center (CCC). Located on the UIC campus, at 750 South Halsted Street, CCC will serve as Symposium headquarters throughout the week. Activities that will be housed at CCC include registration and information, Internet room, reading room, and food/refreshment services, as will plenary and poster sessions. Lecture centers, where parallel sessions will be held, are a short walk away. [Click here for detailed program.](#)

### Description

A standard exhibit booth will be 10' wide by 6' deep and include an 8' high pipe and drape backwall, 3' high siderail, (1) 6' skirted table, (2) padded side chairs, (1) booth I.D. sign, and (1) waste basket. Access to a limited number of standard electrical outlets will also be provided, on request, at no additional charge.

### Schedule

Symposium sessions will run from 8:30 a.m. to 5:00 p.m. Monday, Tuesday, and Thursday. Sessions will adjourn at noon on Wednesday, for the picnic event at Navy Pier, and at 4:00 on Friday, for the closing reception. Official exhibition days will be Monday–Thursday, July 26–29. Booths will be available for set-up by 3:00 p.m. on Sunday, July 25. Exhibitors are welcome to maintain access to their exhibit space through the close of the Symposium on Friday, July 30, if they so chose, but after-hours security will be provided only through Wednesday night. (Please see additional information on security, below.)

### Fees

The fee per booth is \$2,500, and allows for the participation of one company representative in the following symposium activities: Sunday evening's opening reception, all educational sessions during the week, Tuesday evening's music events, and the closing reception on Friday afternoon. The fee for each additional representative is \$300.

### Shipping/Storage

Any shipping/storage/setup requirements must be coordinated through our official service contractor, Midwest Conference Service: 35 North Garden Avenue, Roselle, IL 60172; (630) 351-3976. Potential exhibitors will receive additional information and instructions from the contractor. Note that there are no facilities for receiving or storing exhibit materials in CCC.

### After-Hours Security

Security personnel will be assigned to the exhibit area on a limited, after-hours, schedule, beginning on Sunday evening, July 25, and ending on Thursday morning, July 29. Exact hours of service will be as follows:

- Sunday, Monday, Tuesday—service will be provided from 5:00 p.m. to 9:00 a.m. the following morning
- Wednesday—service will be provided from Noon to 9:00 a.m. the following morning

NO SERVICE WILL BE PROVIDED AFTER 9:00 A.M. ON THURSDAY, JULY 29.

### Additional/Special Requests

Arrangements for booth configuration or electrical service, other than that described herein, and/or other special requests, should be noted in the space provided in the following section (Exhibitor Information), and will be accommodated, as possible. Exhibitors will be notified of and responsible for any additional costs associated with such requests.

### Cancellation/Refunds

Notice of cancellation must be received in writing. A cancellation fee of \$500 will be assessed for notices received by July 9, 2004. No refunds will be issued for requests received after that date.

### Responsibility

Neither the Combustion Institute nor the University of Illinois at Chicago can assume responsibility for exhibitor materials before, during, or after the Symposium.

### ACCEPTANCE OF EXHIBIT TERMS AND CONDITIONS

An authorized signature, below, is required to confirm acceptance of terms and conditions outlined above.

Print Name \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_

**EXHIBITOR INFORMATION**

**Company Identification** *Please provide exactly as it should appear on the exhibition directory.*

Company Name \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Country \_\_\_\_\_

Website address \_\_\_\_\_

**Contact Person**

Name \_\_\_\_\_

Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Brief Narrative Description of Products to be Exhibited** *Please provide below, or as attachment.*

**Electrical Requirements:** standard/110v outlets (number requested): \_\_\_\_\_ no electrical service required  
other (specify): \_\_\_\_\_

**Other/Special Requests** *Please specify.*

**Below, please identify representative(s) who will staff exhibit:**

(1) Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**Additional Representatives (\$300 per person):**

(2) Name \_\_\_\_\_ Title \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

(3) Name: \_\_\_\_\_ Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City \_\_\_\_\_ State/Province \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Telephone (\_\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

**SPACE REQUESTED, AMOUNT DUE**

**Amount Due**

\$2,500—Standard exhibit booth (10' x 6')

\$ \_\_\_\_\_

Additional representatives: # \_\_\_\_\_ @ \$300 per person

\$ \_\_\_\_\_

**Total Amount Due**

\$ \_\_\_\_\_

Other—Check here if you have special requests and wish to receive confirmation of charges before confirming your participation.

**PAYMENT METHOD**

Check (payable to University of Illinois)

Credit Card: MasterCard Visa

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Cardholder Signature \_\_\_\_\_