

# MIDWEST ANESTHESIA RESIDENTS' CONFERENCE (MARC) 2003

MARCH 14 - 16, 2003  
MARRIOTT HOTEL  
GRAND BALLROOM SALON III  
540 N. MICHIGAN AVENUE  
CHICAGO, ILLINOIS 60611

## Hosted by the University of Illinois of Chicago Medical Center Department of Anesthesiology

A fee of \$800 includes an area that is 8' wide by 6' deep and a 6' long table. Tables will be available for set-up by no later than 5pm on Friday, March 14th. Access to a limited number of standard electrical outlets will be provided, on request, at no additional charge. Arrangement for special services and any associated costs are the responsibility of the exhibitor - contact information will be provided to enable the exhibitor to work directly with the Conference Center staff on such requests. The shipping address is 110 E. Grand, Chicago, Illinois, 60611.

**Cancellations/Refunds:** Notice of cancellation must be received in writing. A cancellation fee of \$350 will be assessed for notices received by March 1, 2003. No refunds will be issued for requests received after that date.

## EXHIBITOR INFORMATION

### **COMPANY IDENTIFICATION** *Please provide exactly as it should appear in program materials.*

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

City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

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

### **CONTACT PERSON**

Name \_\_\_\_\_

Title \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

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

### **BRIEF NARRATIVE DESCRIPTION OF PRODUCTS TO BE EXHIBITED** *Please provide below or attach.*

**ELECTRICAL REQUIREMENTS:**  standard outlets (number requested): \_\_\_\_  no electrical service required

**OTHER/SPECIAL REQUESTS** *Please specify.*

**REPRESENTATIVE INFORMATION**

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

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

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

*Additional Representatives*

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

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

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

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

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

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

**SPACE REQUESTED, AMOUNT DUE, PAYMENT INFORMATION**

**SPACE REQUESTED**

**AMOUNT DUE**

\$800—One six-foot table, pipe and drape, or equivalent floor space \$ \_\_\_\_\_

Additional Donations \$ \_\_\_\_\_  
**Platinum (>\$10,000), Gold (>\$5000), Silver (>\$1000), and Bronze**

**Total:** \$ \_\_\_\_\_

*If preferred setup is something other than tables, please describe:*

**PAYMENT METHOD**

Check (payable to University of Illinois)  
send checks to: University of Illinois at Chicago  
Department of Anesthesiology  
1740 W. Taylor Street, M/C 515, Suite 3200W  
Chicago, Illinois 60612-7239  
Attn: Andrea Turner

Credit Card:     MasterCard     Visa  
Card Number \_\_\_\_\_  
Expiration Date \_\_\_\_/\_\_\_\_  
Cardholder Signature \_\_\_\_\_

**Return this form by no later than March 1, 2003, to:**  
UIC Office of Conferences and Institutes (MC 117)  
750 S. Halsted Street, Suite 214, Chicago, IL 60607-7011  
**Questions? Contact Andrea Turner**  
Phone (312) 996-0587. Fax (312) 996-4019. E-mail: amturner@uic.edu