

Exhibitor Information Form

- Yes, please reserve space for use as an exhibitor at the *International Mesothelioma Interest Group (IMIG) 8th International Conference* from October 19 – 22, 2006.

We agree to abide by all the requirements, restrictions and obligations as outlined. A company representative will staff the table during exhibit hours.

Company: _____

Contact Person: _____

Address: _____

Telephone: _____

Fax: _____

e-mail: _____

Representatives
scheduled to
attend: _____

Please make check payable to the University of Chicago and mail with this form to:

The University of Chicago
Center for Continuing Medical Education
950 E. 61st Street, Room 101
Chicago, IL 60637

Federal Employer Identification Number: #36-2177139

For additional information, please call 773/702-1056 or email cme@bsd.uchicago.edu.

Please note: Exhibitor fee must be received by October 1, 2006 or reserved space will be forfeited.