



DEADLINE: NOVEMBER 1, 2014

1. EXHIBITOR MAILING ADDRESS (PLEASE PRINT CLEARLY)

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE/PROVINCE _____ POSTAL CODE _____ COUNTRY _____

TELEPHONE _____ FAX _____ WEBSITE _____

VAT NUMBER _____ SIRET _____

2. CONTACT PERSON (to whom all exhibit information will be sent)

NAME _____ DIRECT PHONE NUMBER/EXT. _____

EMAIL _____

3. BOOTH SPACE RESERVATION

(FOR PRIORITY PROCESSING COMPLETE THE ONLINE EXHIBIT APPLICATION) www.isakos.com/meetings/2015congress/exhibit.aspx

Please refer to the floor plan and indicate your top 4 booth choices, in order of preference. Booths that measure 3m x 3m cost 5,500 Euros + VAT for inline and 5,900 Euros + VAT for corner. The current French VAT is approximately 20%. Two exhibitor registrations are included with every 3m x 3m booth. PAYMENT MUST BE RECEIVED BY NOVEMBER 1, 2014, TO GUARANTEE SPACE. A fee of 50% of the total booth fee will be charged to cancellations received in writing prior to November 30, 2014. Cancellations received after January 1, 2015, will not receive a refund.

1st Choice Booth No.(s)	Price (Euros)	3rd Choice Booth No.(s)	Price (Euros)
2nd Choice Booth No.(s)	Price (Euros)	4th Choice Booth No.(s)	Price (Euros)

NOTE: ISAKOS is a professional organization catering to the medical community. As such, the Exhibit Floor needs to maintain a high standard of look and profile. In order to ensure that standard, the following is MANDATORY for all exhibitors: 1) provide floor covering, 2) Utilize a back-wall in booth design which must be constructed of rigid or hard-wall material. No drape walls will be allowed. Your application cannot be processed without checking one of the boxes below:

- I will be providing my own booth and it will comply with the above requirements
- I will be utilizing the floor covering and hard walls provided by Live! by GL Events, which will conform to the above requirements.

Exhibitor assumes responsibility and agrees to indemnify and hold harmless the International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine; Live! by GL Events; Lyon Convention Centre and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises or services. The exhibitor understands that neither the International Society of Arthroscopy, Knee Surgery, and Orthopaedic Sports Medicine, Live! by GL Events or the Lyon Convention Centre maintain insurance covering the exhibitor's property. It is the sole responsibility of the exhibitor to obtain such insurance. The exhibitor agrees to comply with the ISAKOS policy on FDA clearance and agrees to display signage indicating FDA status and with all of the terms and conditions in the Exhibitor Prospectus, which is incorporated herein by reference.

Note: I have read all rules and regulations included in both the printed and online Exhibit Prospectus and I agree to all (application will not be accepted without signature below)

SIGNATURE OF AUTHORIZED EXHIBIT COMPANY REPRESENTATIVE _____ PRINT NAME _____ DATE _____

4. METHOD OF PAYMENT (FULL PAYMENT DUE BY NOVEMBER 1, 2014)

MAIL THIS FORM AND PAYMENT TO: ISAKOS, 2410 Camino Ramon, Suite 215, San Ramon, CA 94583 USA

FAX THIS FORM WITH CREDIT CARD INFORMATION TO: +1 (925) 807-1199

- Check: make check payable to **Live! By GL Events (in Euros)**. Please reference ISAKOS 2015.
- Wire Transfer: Contact the **Live! By GL Events**-Exhibitors Dept.
 Receiving Bank: Societe Generale IBAN Number: FR76 3000 3036 4000 0203 0122 660 Swift Code: SOGEFRPP

Credit Card: VISA MasterCard American Express Other: Electronic Check Wire Transfer

CARD NUMBER _____ CCV# _____

NAME (AS IT APPEARS ON CARD) _____ EXP. DATE _____

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT) _____ DATE _____

5. TOTAL Booth Price + *VAT

*The current French VAT is approximately 20%
 Please note: Information, deadlines and fees are subject to change.
 Please visit www.isakos.com/2015 regularly for the most current Congress information.

Sponsorship Application

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1. SPONSOR MAILING ADDRESS (PLEASE PRINT CLEARLY)

COMPANY NAME

ADDRESS

CITY STATE/PROVINCE POSTAL CODE COUNTRY

TELEPHONE FAX WEBSITE

2. CONTACT PERSON (to whom all information will be sent)

NAME DIRECT PHONE NUMBER/EXT.

EMAIL

3. PLEASE CHECK ALL OPPORTUNITIES YOU WOULD LIKE

Educational Support

- Pre-Conference Varies (Exclusive for US \$50,000)
- Lunch Time Session US \$10,000
- Surgical Demonstrations Contact the ISAKOS Office*
- Presidential Guest Speaker US \$15,000
- Awards and Fellowships US \$5,000-\$20,000

Congress Amenities

- Internet Lounge US \$10,000
- Wireless Internet and Laptop Docking Stations US \$8,000
- Morning Coffee and Afternoon Refreshments US \$7,000 per day
- Coat Check US \$1,000
- Attendee Bags US \$25,00-\$35,000
- Pens and Writing Pads \$10,000

Congress Events

- Welcome Reception Varies (Exclusive for US \$30,000)
- President's Dinner Varies (Exclusive for US \$50,000)

Congress Website

- Month US \$2,000
- Year US \$24,000

Final Program

- Outside Back Cover US \$10,000
- Inside Front Cover US \$6,000
- Inside Back Cover US \$6,000
- Full Page US \$4,000

Proceedings

- ePosters & Abstracts US \$6,000
- Paper Presentations & Abstracts US \$6,000
- ICLs, Symposia & Lectures US \$6,000

Bag Inserts

- Full Page US \$3,000

Room Keys

- Room Key at Headquarter Hotel US \$12,000

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- Check: make check payable to ISAKOS in U.S. dollars drawn on US bank
- Wire Transfer: Contact the ISAKOS Office
- Credit Card: VISA MasterCard American Express Other: Electronic Check Wire Transfer

CARD NUMBER CCV#

NAME (AS IT APPEARS ON CARD) EXP. DATE

SIGNATURE (I AGREE TO PAY ACCORDING TO THE CREDIT CARD ISSUER AGREEMENT) DATE

5. TOTAL \$

www.isakos.com/2015congress