

Prospectus Supporting Documents

36th Annual Symposium of the American Society of Breast Disease
April 12-14, 2012



American Society of Breast Disease
36th Annual Symposium
Thursday, April 12 – Saturday, April 14, 2012
Four Seasons Hotel – Dallas, Texas

Exhibit Details

Booth Selection: Exhibit space is available on a first come, first served basis so book early to secure the space you would like.

Exhibitor Set-Up: Thursday, April 12: 8:00am – 11:00am

Exhibit Hours: Thursday, April 12: 12:00pm – 5:00pm
Friday, April 13: 7:15am – 6:00pm
Saturday, April 14: 7:15am – 4:30pm

As much as possible, meals and refreshment breaks will be located in the Exhibit Areas in order to drive traffic on a regular basis into these rooms. Note that during the breakfasts, lunches, refreshment breaks Exhibitors should be in the Exhibit Area, but during the lectures attendance in Exhibit Area is not mandatory. (Please see program to determine when the Exhibit Area will be busiest.)
Note: Exhibitors are welcome to attend the Gala on Friday, April 13th.

Exhibit Location: Ballroom Foyer / Ballroom Promenade

Tear Down: Saturday, April 14: 3:15pm – 5:00pm

Electric / Internet: Order through Four Seasons Resort via Electrical & Rigging Order Form

Additional A/V Needs: Additional A/V equipment may be ordered from the hotel using the Exhibitor Services Order Form

Shipping: Please arrange inbound and outbound shipments through the hotel in advance. You will be responsible for all costs associated with shipping.

Hotel Contact Information: Lisa Vickers / 972-717-2596 / lisa.vickers@fourseasons.com

ASBD Contact Information: Lynn Hamilton / 214-532-8080 / lynnh@asbd.org

American Society of Breast Disease
36th Annual Symposium
Thursday, April 12 – Saturday, April 14, 2012
Four Seasons Hotel – Dallas, Texas

Exhibitor Checklist

1. Complete application and send to Lynn Hamilton via email at lynnh@asbd.org.
2. Payment in full is due at the time application is submitted.
3. Payment should be sent to Lynn Hamilton, ASBD, PO Box 1620, Frisco, TX 75034.
4. Make room reservations early to obtain ASBD discount before room block is sold out.
5. Arrange inbound and outbound shipping, internet and / or electricity through the hotel.
6. Send Lynn Hamilton a company description (100 words or less) for distribution at the meeting.
7. Send company logo in either .ai or .eps format to Lynn Hamilton at lynnh@asbd.org.
8. When available, please send names of company representatives who will be attending the event to Lynn Hamilton at lynnh@asbd.org.
9. Distribute Exhibitor Information to pertinent parties in your organizations, including tracking numbers for shipments being sent to them.

American Society of Breast Disease
36th Annual Symposium
Thursday, April 12 - Saturday, April 14, 2012
Four Seasons Hotel - Dallas, Texas

Headquarters Hotel Details

Four Seasons Resort
Dallas at Las Colinas, Texas
4150 North MacArthur Blvd.
Irving, TX 75038
Main Desk - 972-717-0700
Reservations - 972-717-2499
reservations.dallas@fourseasons.com

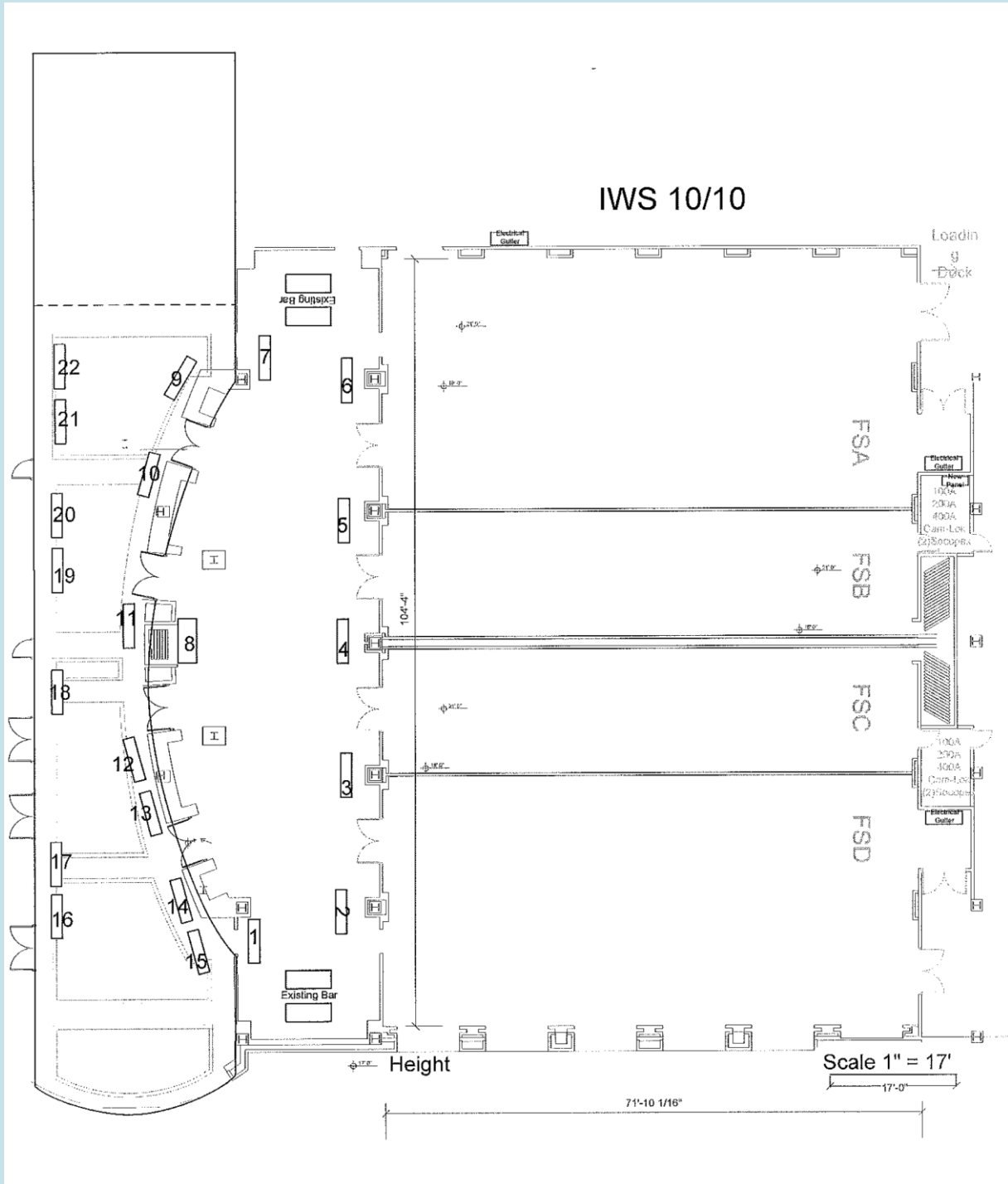
Hotel Contact: Lisa Vickers / 972-717-2596 / lisa.vickers@fourseasons.com

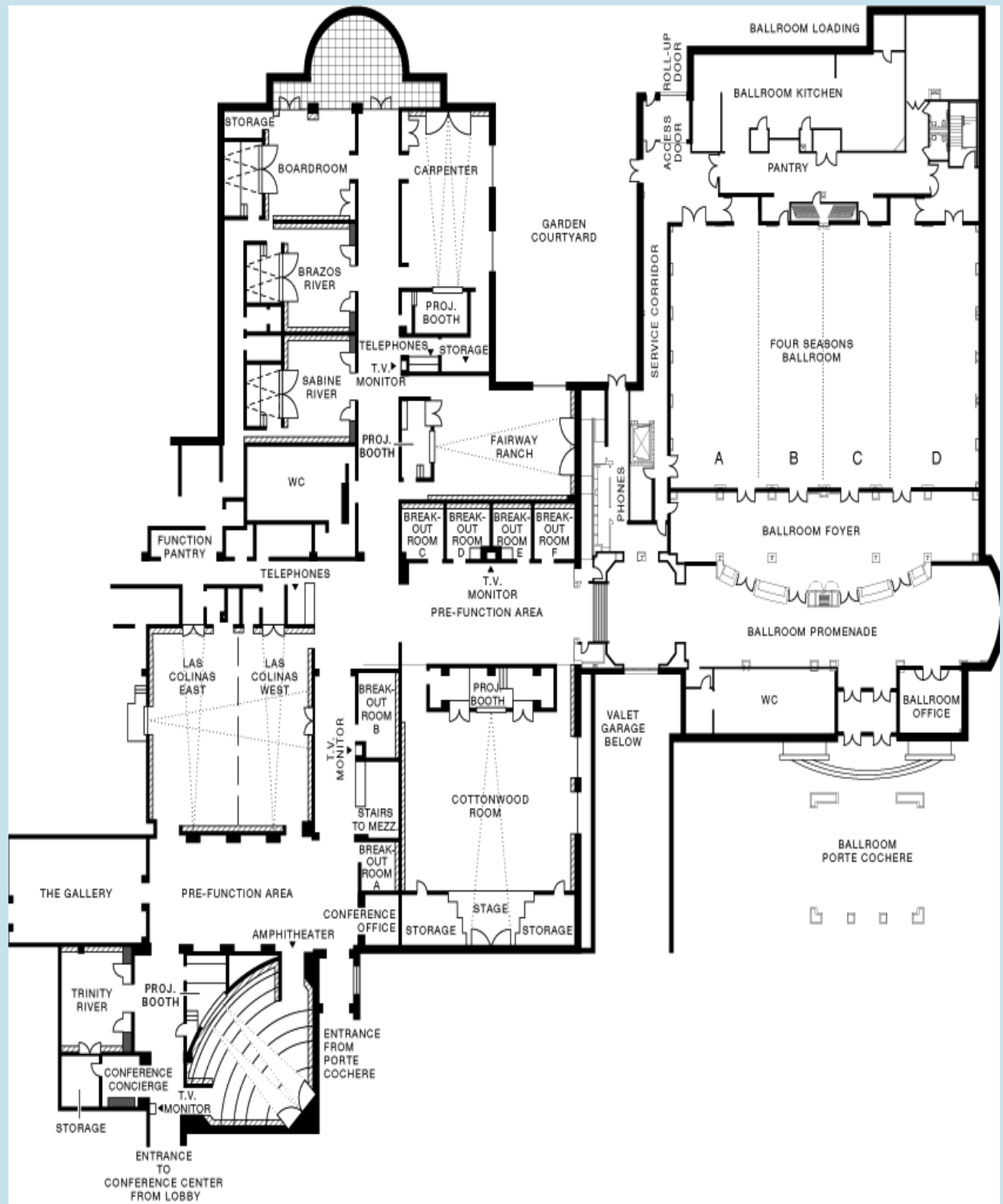
Hotel Reservations: 972-717-2499 or reservations.dallas@fourseasons.com

Reduced hotel rates are available through deadline dates or until the room blocks are sold out; please mention ASBD code 1211ASBD in order to receive the special ASBD conference rate package of \$234 per night. This package includes your hotel room and conference meals as well as multiple amenities such as complimentary internet access in your room and access to the Sports Club. Check-in begins at 3:00pm Central Standard Time and Check-out is 12:00pm Central Standard Time.

If you are not going to be staying at the Four Seasons, you must notify the ASBD in advance by sending an email to Lynn Hamilton at lynnh@asbd.org.

Four Seasons Ballroom Foyer / Ballroom Promenade





EXHIBITOR SERVICES ORDER FORM



Exhibit Booth Info Please complete the requested information below

Program: _____

Function Room: _____ Catering/Conference Planner: _____

Set Up Date: _____ Set Up Time: _____ Room: _____

End Date: _____ End Time: _____

COMPANY INFORMATION

EXHIBITOR COMPANY NAME: _____

ON-SITE CONTACT NAME: _____

Address: _____

City, State, Zip: _____

Telephone Number: _____

Fax Number: _____

Payment Terms & Conditions

Full payment, including sales tax, is due 10 business days prior to group event. Purchase orders are not accepted. Cancellations less than 24 hours prior to exhibit load-in will be charged 100% of a one day rate. A representative must be in your booth to sign for delivery of equipment. The equipment is rented for use in the exhibit booth only. Equipment may not be removed without the written permission of the Four Seasons Audio Visual Department. All equipment must be returned to FSW in the same condition as it was in at the time of delivery. Normal wear and tear excluded. Exhibitor agrees to be billed for any damage or loss of equipment while in exhibitor's care or control. Any additions or variations will be billed within 24 hours after close of the event program. Electrical services are not included in equip. pricing. For equipment not listed, or special assistance, please call (972) 717-2431.

Computer Display Equipment

23" LCD Data Monitor (XGA PC/MAC)	\$200.00	_____	X	_____
32" Plasma/LCD Display on Table Stand	\$250.00	_____	X	_____
42" Plasma/LCD Display on Stand	\$450.00	_____	X	_____
50" Plasma/LCD Display on Stand	\$500.00	_____	X	_____
63" Plasma/LCD Display on Stand *** pricing subject to availability	\$775.00	_____	X	_____
LCD Projector - 3500 ANSI Lumen 1024 x 768	\$600.00	_____	X	_____
LCD Projector - 5500 ANSI Lumen 1024 x 768	\$800.00	_____	X	_____
LCD Support Package (tripod screen, cables, power assistance)	\$175.00	_____	X	_____

*** LCD Support Package required for all client provided projection

Video Equipment

32" Plasma/LCD Display on Table Stand	\$250.00	_____	X	_____
50" Plasma/LCD Display on Stand	\$500.00	_____	X	_____
BluRay 1080 Player DVD w/ 9" preview monitor	\$125.00	_____	X	_____
DVD Player - NTSC Region 1 w/ 9" preview monitor	\$95.00	_____	X	_____

Lighting Packages

LED Uplight (Static Color - Red, Green, Blue, or White)	\$45.00	_____	X	_____
LED Ultra Bright Uplight w/ control (color mix any color)	\$75.00	_____	X	_____
LEKO Light Package on Truss Stand (4 fixtures/dimming/control)	\$395.00	_____	X	_____

Data Connections

Wired T1 Internet Connection ***Billed Per PC Connected	\$100.00	_____	X	_____
Wireless T1 Internet Connection *** Billed Per PC Connected	\$75.00	_____	X	_____

Audio Equipment

Self Powered Speaker on stand	\$125.00	_____	X	_____
4 Channel Audio Mixer	\$75.00	_____	X	_____
12 Channel Audio Mixer	\$145.00	_____	X	_____
House Sound Sys. Audio Patch (client supplied microphones)	\$125.00	_____	X	_____
Wireless Microphone (Handheld)	\$165.00	_____	X	_____
Wireless Microphone (Lavalier)	\$165.00	_____	X	_____
CD Player	\$65.00	_____	X	_____
PC/ IPOD Audio Patch	\$75.00	_____	X	_____

Accessories/Power/Screen/Pipe & Drape

Pipe & Drape (Black or Taupe) - *** billed per foot	\$16.00	_____	X	_____
Wireless Slide Advancer	\$50.00	_____	X	_____
50" or 70" Tripod Screen	\$75.00	_____	X	_____
Fast Fold Screen 7' x 10' w/ black drape kit (for Ballroom)	\$295.00	_____	X	_____
20 Amp, 110v Electrical Circuit - Includes Power Strip	\$30.00	_____	X	_____

Orders received less than 10 business days before exhibit set-up will be charged on-site rates.
For equipment not listed, or special assistance please call (972) 717-2431

Payment: Please complete the requested information below

Credit Card Check Master Account

Cardholder's Name: _____

Account Number: _____ Expiration Date: _____

Authorized Signature: _____

I hereby authorize the Four Seasons Resort and Club to charge my credit card for the hotel accommodations and functions and agree that any dispute will be resolved no later than ten (10) days from the date of the invoice.

Total Cost

Equipment Subtotal: _____

Service Charge: _____
A 20% Service Charge will be applied to all AV equipment rented

8.25% Sales Tax: _____
Tax and Service charge are figured on the Equipment subtotal

Grand Total: _____

ELECTRICAL AND RIGGING SERVICES ORDER FORM



Exhibit Booth Info

Please complete the requested information below

Program: _____
 Function Room _____ Catering/Conference Planner _____
 Set Up Date: _____ Set Up Time: _____ Booth #: _____
 End Date: _____ End Time: _____

COMPANY INFORMATION
COMPANY NAME
ON-SITE CONTACT NAME
Address
City, State, Zip
Telephone Number
Fax Number
Payment Terms & Conditions
Full payment, including sales tax, is due 10 business days prior to group event. Purchase orders are not accepted. Cancellations less than 24 hours prior to exhibit load-in will be charged 100% of a one day rate
A representative must be in your booth to sign for delivery of equipment
The equipment requested is for use in the exhibit booth only. Equipment may not be removed without the written permission of the Four Seasons Audio Visual Department
All equipment must be returned to FSAV in the same condition as it was in at the time of delivery, normal wear and tear excluded.
Exhibitor agrees to be billed for any damages or loss of equipment while in exhibitors care or control.
Any additions or variances will be billed within 24 hours after close of the event program
Electrical services are not included in equip. pricing.
For equipment not listed, or special assistance, please call (972) 717-2431

Electrical

Service	RATE	QTY	DAYS	TOTAL
One (1) 5 Amp outlet	\$10.00	_____	X _____	= _____
One (1) 10 Amp outlet	\$20.00	_____	X _____	= _____
One (1) 20 Amp outlet	\$30.00	_____	X _____	= _____
60 Amp 3 Phase	\$150.00	_____	X _____	= _____
100 Amp 3 Phase	\$250.00	_____	X _____	= _____
200 Amp 3 Phase	\$600.00	_____	X _____	= _____
400 Amp 3 Phase	\$1,000.00	_____	X _____	= _____

Rental

Extension Cord - Up to 100'	\$15.00	_____	X _____	= _____
Power Strip	\$8.00	_____	X _____	= _____
200amp Power Distro - Inc. Soco and Edison cxns	\$200.00	_____	X _____	= _____
Remote Room Lighting Control	\$65.00	_____	X _____	= _____

Rigging

Equipment	QTY	WEEK	TOTAL
Hatch Locations - Motor Point with 1/2 Ton Motor* <small>* 10 hatch locations existing, diagram available upon request</small>	\$275.00	_____	X _____ = _____
Vent Locations - Motor Point with 1/4 Ton Motor* <small>* 10 vent locations existing, diagram available upon request</small>	\$225.00	_____	X _____ = _____
Airwall Hanger/Cable Pick - 500 lbs Limit	\$25.00	_____	X _____ = _____
10' x 12" Box Truss - Medium Duty	\$50.00	_____	X _____ = _____
6' x 12" Box Truss - Medium Duty	\$40.00	_____	X _____ = _____
2' x 12" Box Truss - Medium Duty	\$25.00	_____	X _____ = _____
Corner Block or Scissor Plate	\$50.00	_____	X _____ = _____
19' Scissor Lift - Up to 3 Day Show	\$425.00	_____	X _____ = _____

Rigging Personnel

Rigger/hr - 4 Hour Minimum*	QTY	HOURS	TOTAL
Rigger/hr - 4 Hour Minimum* <small>* Load in and Load out requires a rigger from our staff</small>	\$90.00	_____	X _____ = _____

Additional Engineering Services

Hang Banner (4x 6 or Smaller)	QTY	TOTAL
Hang Banner (4x 6 or Smaller)	\$35.00	_____ X _____ = _____
Hang Banner (large)	\$50.00	_____ X _____ = _____

Orders received less than 10 business days before exhibit set-up will be charged on-site rates.

Payment	<i>Please complete the requested information below:</i>
<input type="checkbox"/> Credit Card <input type="checkbox"/> Check <input type="checkbox"/> Master Account	
Cardholder's Name	
Account Number	Expiration Date
Authorized Signature	
<i>I hereby authorize the Four Seasons Resort and Club to charge my credit card for the Hotel accommodations and functions and agree that any dispute will be resolved no later than ten (10) days from the date of the invoice</i>	

Total Cost
Equipment Subtotal _____
Service Charge _____
<small>A 20% Service Charge will be applied to all AV equipment rented</small>
8.25% Sales Tax: _____
<small>Tax and Service charge are figured on the Equipment subtotal.</small>
Grand Total _____



FOUR SEASONS RESORT AND CLUB
Dallas at Las Colinas

Hotel Credit Card Agreement Form

I hereby authorize the Four Seasons Resort and Club to charge my credit card for the purchases stated below. I agree that any disputes will be resolved no later than ten days from the date of purchase.

Phone: 972-717-0700

Address: 4150 N. MacArthur Blvd. Irving, TX 75038

To be completed by Client:

Guest or Group Name _____ Function Date/Arrival Date: _____

Circle One: AX VS MC Discover / Credit Card No: _____

Expiration Date _____ Name on Card _____

Cardholder's Signature: _____

Billing Address: _____ City: _____ State: _____

Please indicate what you would like to pay for:

_____ All Charges (Total amount to be determined upon Guest Departure)

_____ Room and Tax (15%) Only – in the amount of \$ _____

_____ Other / Miscellaneous – please explain below:

Total Amount to be billed to my credit card: \$ _____

I would like my receipt (choose one) : _____ US Mail _____ Emailed _____ Faxed

Phone #: _____ Fax #: _____ Email : _____

Hotel Use Only

Agent: _____ Today's Date: _____

Completed : _____ Accounting: _____