

CAMDA 2003 Vendor Fair Registration

Date: November 13th & 14th, 2003

Location: Hilton Hotel, Durham, NC, USA.

It is understood that with this registration the vendor listed on page two of this agreement receives the following:

- Complete list of attendees and their email addresses (with their permission)
- 30x60 cloth covered table
- Lunch provided for vendor representatives
- Electrical outlets are available
- One person from each company may attend the conference at no charge (person must register through the CAMDA registration page found at www.camda.duke.edu)

Under these terms:

- Setup begins at 9:00 a.m. and tear down must be completed by 5:00 p.m. on Friday, November 14, 2003
- The vendor/company is responsible for shipment of their own equipment and supplies before and after the Vendor Fair.
- Duke Bioinformatics Shared Resource is not responsible for clean up or for shipment of vendor materials before, during or after the conference.
- After registration has been received and your reservation has been confirmed by email, there will be a \$50.00 cancellation fee. There will be NO refunds for cancellations after October 30, 2003 or for NO shows.

If you agree to the terms listed above please sign and fax to 681-3494.

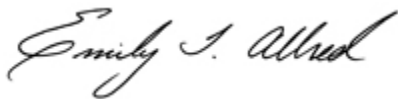
Responsible Party's Signature: _____

Company Name: _____

Date: _____

I would like to take a moment to thank you for your registration. We look forward to working with you and your company at the CAMDA'03 Vendor Fair. If you have any questions or comments please feel free to contact me.

Sincerely,



Emily T. Allred
CAMDA Conference Coordinator
Duke Bioinformatics Shared Resource
Duke Comprehensive Cancer Center
Voice: (919) 668-3412
Fax: (919) 681-3494
Email: camda@mc.duke.edu

(PLEASE PRINT)

Vendor Information:

Company Name: _____

Street Address or P.O. Box: _____

City: _____ State: _____

Country: _____ Postal Code: _____

Contact Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Company Representatives Who Will Staff the Exhibit:

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Name: _____ Title: _____

Payment Method:

Check

VISA MasterCard Credit Card Number _____
(We do NOT accept AMEX or Discover Cards at this time.)

Name on Card _____ Expiration Date _____

Signature _____

Total Amount Enclosed: _____

How many days do you plan on participating in vendor fair? (please circle) one two

Please make checks payable to *Duke Cancer Center* and send to the following address:

Duke Bioinformatics Shared Resource
Attention: Emily Allred
DUMC Box 3958
Durham, NC 27710