

S Global Experience Section Booth Layout Form

RETURN TO: Global Experience Specialists, Inc. (GES) • 7000 Lindell Road, Las Vegas, NV 89118-4702 • Fax: 866.329.1437 or 702.263.1520 for international exhibitors

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All orders are governed by the GES Payment Policy and GES Terms & Conditions of Contract as specified in this Exhibitor Services Manual.

International Congress of Therapeutic Drug Monitoring

Form Deadline Date:

and Clinical Toxicology									September 2, 20		
Grand America Hotel September 23 - 26, 201	3								MA	ANDATORY FORM*	
COMPANY NAME	<u> </u>				EMAIL ADDR	ESS				BOOTH NUMB	
SHOWSITE CONTACT					SHOWSITE CONTACT PHONE #			DATE/TIME OF ARRIVAL CONTACT'S HOTEL (OPTIO			
A unique grid must be c					ensure pi	roper pla	cement of	items in	your boot	h. Please do not	
combine services onto a											
Show Cases - Fo	orm A-1 board - Form A- Drape - Form A-	1 -1	o.,, . o	- -							
To use this grid:	andinang rom										
Use bold lines toIndicate the scalMark the adjace	e of the grid (i.e.	. 1 square =	1 foot) or in	dicate the	dimensio	ns of you	booth.				
	eet square since my booth is				_ feet wide by feet long.			et long.			
	BACK OF BOOTH (indicate adjace				ent booth or aisle number:)		
Indicate Adjacent Booth or										Indicate Adjacent Booth or	
Aisle Number:										Aisle Number:	
						İ					

FRONT OF BOOTH (indicate adjacent booth or aisle number:_

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*This form must be returned to GES for your orders to be processed.

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