

# ABRCMS 2017 EXHIBITS PROGRAM CLUSTERING GUIDELINES



**ABRCMS encourages institutions, organizations, and departments, with similar interests, to “cluster” within the ABRCMS exhibit hall.**

Clustering allows institutions, organizations, or departments to reserve booths next to one another. Parties that wish to cluster typically share a common interest, alliance or work together in some capacity.

**Monday, May 1 – Clustering Intent Form Deadline**

**Tuesday, May 9 – Priority Exhibit Registration Opens for Clusters**

**Friday, May 12 – Deadline for Cluster Members to Submit Contract and Payment**

For clusters of five or more booths, ABRCMS offers priority exhibit booth registration, which allows clusters to reserve booth locations before general exhibit registration opens. Clustering Intent Form (pages 2/3) must be submitted by Monday, May 1 to be eligible for priority exhibit registration.

**New for 2017** - To participate in clustering, all members of your cluster must pay by credit card; no exceptions. In addition, the same university/institution is only allowed to purchase up to four (4) exhibit booths or 400 square feet of exhibit space.

## **Steps for Clustering Exhibit Booths:**

1. Complete this Clustering Intent Form by Monday, May 1 and submit to ABRCMS at [rrodela@asmusa.org](mailto:rrodela@asmusa.org).
2. Cluster assignments will be made on Tuesday, May 9 based on the number of booths in a cluster (larger clusters are assigned first). Instructions will then be e-mailed to the primary contact listed on the cluster intent form.
3. Each member within the cluster must then submit an individual exhibit booth contract with payment (credit card is the only form of payment for clusters) by Friday, May 12.
4. Any member within the cluster that does not submit a completed exhibit booth contract by Friday, May 12 will forfeit their booth within the cluster. Booth(s) will be released to the public for purchase on Monday, May 15.

*\* If member(s) of your cluster forfeit a booth which results in your cluster being less than five (5) booths, all booths within the cluster will be released and the remaining members will have to register during general registration.*

*\*\* Primary contact listed on the cluster intent form is responsible for communicating these guidelines to all members of the cluster. Assignments and instructions will be e-mailed to the primary contact only.*

# Clustering Intent Form

Annual Biomedical Research Conference for Minority Students (ABRCMS)

Phoenix, Arizona ♦ November 1 - 4, 2017

List all confirmed members of your cluster below. Intent form deadline is Monday, May 1, 2017. Forms received after May 1 will not be eligible for cluster registration.

**Cluster Name:** \_\_\_\_\_

**Member 1** (*cluster's primary contact*):

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

***As the primary contact for the cluster, I agree to the ABRCMS clustering guidelines listed above and understand that I am responsible for communicating the ABRCMS instructions and guidelines for clustering to all parties interested and listed below.***

\_\_\_\_\_  
Signature \_\_\_\_\_ Date \_\_\_\_\_

**Member 2:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 3:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 4:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_

Institution \_\_\_\_\_

Department \_\_\_\_\_

Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Submit Clustering Intent Form to: Ronica Rodela, ASM/ABRCMS, rrodela@asmusa.org  
Questions? Call (202) 942-9228 or E-mail rrodela@asmusa.org**

**Member 5:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 6:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 7:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 8:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 9:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

**Member 10:**

Contact Name \_\_\_\_\_ E-mail \_\_\_\_\_  
Institution \_\_\_\_\_  
Department \_\_\_\_\_  
Phone Number \_\_\_\_\_ Preferred Booth # (1<sup>st</sup> choice) \_\_\_\_\_ (2<sup>nd</sup> choice) \_\_\_\_\_

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