

ABRCMS 2018 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.

Friday, April 6 – Clustering Intent Form Deadline

Tuesday, April 10 – Priority Exhibit Registration Opens for Clusters

Friday, April 13 – 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 Friday, April 6 to be eligible for priority exhibit registration. To participate in clustering, all members of your cluster must pay by credit card; no exceptions.

New for 2018 - There is NO limit to the amount of exhibit space a single institution can reserve.

Steps for Clustering Exhibit Booths:

1. Complete this Clustering Intent Form by Friday, April 6 and submit to ABRCMS at emcneill@asmusa.org.
2. Cluster assignments will be made on Tuesday, April 10 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, April 13.
4. Any member within the cluster that does not submit a completed exhibit booth contract by Friday, April 13 will forfeit their booth within the cluster. Booth(s) will be released to the public for purchase on Tuesday, April 17.

** 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)
Indianapolis, Indiana ♦ November 14 - 17, 2018

List all confirmed members of your cluster below. Intent form deadline is Friday, April 6, 2018. Forms received after April 6 will not be eligible for cluster registration.

Cluster Name: _____

Total Number of Booths in Cluster: _____

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

Contact Name _____ E-mail _____

Institution _____

Department _____

Phone Number _____ Preferred Booth # (1st choice) _____ (2nd 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 # (1st choice) _____ (2nd choice) _____

Member 3:

Contact Name _____ E-mail _____

Institution _____

Department _____

Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 4:

Contact Name _____ E-mail _____

Institution _____

Department _____

Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

**Submit Clustering Intent Form to: Ed McNeill, ASM/ABRCMS, emcneill@asmusa.org
Questions? Call (202) 942-9323 or E-mail emcneill@asmusa.org**

Member 5:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 6:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 7:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 8:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 9:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

Member 10:

Contact Name _____ E-mail _____
Institution _____
Department _____
Phone Number _____ Preferred Booth # (1st choice) _____ (2nd choice) _____

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