

**Application/Contract for Exhibit Space
 CORS/INFORMS International Conference
 Montreal, Quebec, Canada – June 14-17, 2015**

Company _____

Indicate address you wish to see in listings:

Address _____

City _____ State _____ Zip _____

Country _____ URL _____

Contact Person _____ Title _____

E-mail _____ Telephone _____

EXHIBITOR LISTING

Email a 100-word description of what you will be featuring at your table to

Christy.kline@informs.org.

EXHIBIT FEE

# of Tables Requested	Cost/Table	Total
	\$1,200	\$

*Specific space assignments will be made according to date of payment and receipt of a signed payment form. Tabletop displays are preferred: we supply one table and two chairs.

PAYMENT

(For all forms of payment, scan completed form and send to Christy.kline@informs.org. If paying by credit card, complete the section below.)

Credit Card: AMEX, VISA or MasterCard:

Account # _____ Exp. Date: _____

Signature _____

Check: Make check drawn on a U.S. bank payable to INFORMS and send check payment to:
 INFORMS, Attn: Christy Kline, 5521 Research Park Drive, Suite 200, Catonsville, MD 21228

Phone: Call Christy Kline at 1(800)446-3676 ext. 556