

# 2019 Joint MMM-Intermag Conference

Washington, DC • January 14-18, 2019 • [www.magnetism.org](http://www.magnetism.org)

## SECTION 1 Provide contact, company and website information exactly as you want it printed in the Conference program

Contact First Name

Contact Last Name

Company/Organization

Website

Street Address

City, State, Postal Code

Country (if not US)

Email

Phone

## SECTION 2 Select your support level

Bierstube — \$3100    Quantity :

Indicate preferred day(s) :    Mon.  Tue.    Thu.

Pretzel Break — \$3100    Quantity :

Indicate preferred day(s) :    Mon.    Tue.    Thu.

Wireless Internet — \$3000

Exhibit Booth (new exhibitor) — \$2700    Quantity :

Exhibit Booth (past exhibitor) — \$2600    Quantity :

Discount for multiple exhibit booths — -\$100

Program Book Ad (outside back cover) — \$2600

Lanyards — \$2500

Mobile App/E-Book — \$2500

Plenary Reception — \$2500

Student Travel Support — \$2250

Women in Magnetism Reception — \$2000

Meet the Experts — \$1600

Program Book Ad (inside back cover) — \$1600

Coffee Service — \$1500    Quantity :

Indicate preferred day(s) :    Mon.    Tue.    Wed.    Thu.    Fri.

Best Poster Awards — \$1000

## SECTION 3 Provide your payment information

Option 1: Payment by Check — Make checks payable to : 2019 Joint Conference.

Option 2: Payment by Credit Card — Visa, MasterCard, and American Express are accepted.

Card Type

VISA

MasterCard

American Express

Total Amount Due \$

Card Number

Expiration Date

Security Code

Cardholder's Name

Card Billing Address



2019 Joint  
MMM-Intermag  
Conference

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## SECTION 4 Provide your company information, booth space preferences and complimentary Conference registrations

Have you included a logo in both JPG and EPS formats?

Please include a 100-word company description for the program here.

Exhibit Booth Space Preference #1\*

Exhibit Booth Space Preference #2

Exhibit Booth Space Preference #3

Name of person who will receive your 1<sup>st</sup> complimentary Conference registration

First Name

Last Name

Name of person who will receive your 2<sup>nd</sup> complimentary Conference registration (if applicable)

First Name

Last Name

*\*All booth space assignments will be made on a first-come, first-served basis.*

I would like to be added to the mailing list for future ICM, MMM, Intermag and Joint MMM-Intermag Conferences. I understand I have the option to opt-out of these emails at any time by clicking on the “unsubscribe” button on the bottom of the email.

*DISCLAIMER: By registering to become an exhibitor or supporter at MMM2019, your designated contact person and complimentary registrant(s) consent to receive informational emails pertaining to this Conference, with a period ending three months after the Conference concludes.*

Or send via regular mail to:

2019 Joint MMM-Intermag Conference  
ATTN: Jennifer Fiske  
422 High Meadow Drive  
Bull Valley, IL 60098

Email the completed form along with your logo in both EPS and JPG formats to [jennifer@mmmconference.com](mailto:jennifer@mmmconference.com)

### Questions?

Contact [jennifer@mmmconference.com](mailto:jennifer@mmmconference.com)  
or 615-507-5199



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