

• International Meeting of the Psychometric Society •
CONTRACT APPLICATION FOR EXHIBIT SPACE

Conference Dates: July 15-18, 2025
Exhibit Dates: July 15-18, 2025
Location: **UMN (Graduate Hotel)**
Minneapolis, MN, USA

List your company name as you would like it to appear on any promotions (please print or type):

Firm Name: _____
Address: _____

City: _____
State/Province: _____
Zip/Postal Code: _____ Country: _____
Telephone: (_____) _____
Fax: (_____) _____
Company Email: _____
Company Website Address: _____

Name of Contact Person (to whom all correspondence and exhibit kit should be sent):

Contact Person's Email (Required):

Contact Person's Telephone:
(_____) _____

Cancellation Policy:

Cancellations received before June 13, 2025, will be charged a \$100 administrative fee. Cancellations after June 13, 2025, will not receive a refund unless the booth space is resold.

Exhibitor Hours

Tuesday, July 15	8:30 a.m. - 3:30 p.m.
Wednesday, July 16	9:00 a.m. - 3:30 p.m.
Thursday, July 17	9:00 a.m. - 3:30 p.m.
Friday, July 18	9:00 a.m. - 11:00 a.m.

Exhibit Setup

Monday, July 14	2:00 p.m. - 5:00 p.m.
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Exhibit Teardown

Friday, July 18	11:00 a.m. - 12:00 p.m.
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Exhibit Tabletop Space

We will exhibit at the IMPS 2025 Meeting.
Rate: \$800: Tabletop exhibit (6-foot table, two optional chairs)

Payment

Check (Please make checks payable in US funds, drawn on a US bank to: Psychometric Society)
 Visa/MasterCard/Discover

Card Number: _____

Exp. Date: _____

CVV#: _____

Amt. Authorized: \$ _____

Card Holder Name: _____

Card Holder Signature: _____

Billing Address: _____

Billing City: _____

Billing State/Province: _____

Billing Zip/Postal Code: _____

Billing Country: _____

Terms and Conditions:

1. Enclose payment for the tabletop exhibit requested.
2. IMPS 2025 will have the right of interpretation and approval on all matters pertaining to the contract rules and regulations. This application is made with the understanding that the applicant agrees to abide by all rules and regulations that may be issued by the Psychometric Society in connection with this exposition.

Name of Authorizing Officer (type or print) Title

Signature of Authorizing Officer Date

Check here if we can contact you about sponsorship opportunities at the IMPS 2025.

(All sponsors will be duly acknowledged.)

Please sign and return with fee via email or fax:

Fax: +1-608-333-0310

Email: bmiller@reesgroupinc.com

