



Sixth International Congress on Peer Review and Biomedical Publication

**September 10-12, 2009
Westin Bayshore Hotel, Vancouver, BC, Canada**

Exhibitor Benefits and Information

- **Promotion opportunities** by having an exhibition station in the Congress Exhibit Hall*
- **Exhibitor's name linked** to support of the Congress and listing in the Final Program and on the Peer Review Congress Web site
- **Networking opportunities** with the attendees

*Exhibit booths will be 10 ft x 10 ft. The cost for exhibiting is \$950 for applications received by July 1, and \$1250 after July 1, for the entire Congress, plus costs for equipment rental. The exhibit area will be open at the following times:

Thursday, September 10	7:00 AM - 8:00 AM	Setup
Thursday, September 10	8:00 AM - 8:00 PM	Viewing
Friday, September 11	8:00 AM - 5:00 PM	Viewing
Saturday, September 12	8:00 AM - 2:00 PM	Viewing

Limited space is available. Please reserve space by July 1, 2009.

If you are interested in exhibiting at the Peer Review Congress, please complete the appropriate enclosed form and return it to Angela Grayson, Peer Review Congress Exhibits Coordinator, *JAMA*, 515 N State St, Chicago, IL 60654, USA; fax: (312) 464-5520; e-mail: angela.grayson@jama-archives.org.

If you have any questions, please contact Ms Grayson at (312) 464-2406; or by e-mail: angela.grayson@jama-archives.org.

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Application for Exhibit Space

Organization: _____

Contact person: _____ Title: _____

Address: _____

City: _____ State: _____ Postal code: _____ Country: _____

Telephone: _____ Fax: _____ e-Mail: _____

I wish to exhibit the following products and services: _____

Fees (check one):

- \$950 for applications received by July 1
 \$1250 for applications received after July 1

I enclose a check for \$ _____

*Make all checks payable to the American Medical Association in US funds, US bank.
Account #BA12 AMA FED ID # 36-0727175*

I wish to pay by credit card: MasterCard Visa American Express

Card number: _____ Expiration date: _____

Cardholder name (printed): _____

Signature: _____

I will will not be using electronic or audiovisual equipment in my exhibit.

I will need the following equipment (indicate number where appropriate):

Electrical power _____ Telephone _____ High-speed Internet connection _____

Table (8 ft) _____ Chair _____ Wastebasket _____ Sign _____

**Cost estimates for equipment will be sent to you upon receipt of order and approval of application.
Limited space is available. Please complete and return this form to Angela Grayson by July 1, 2009.**

*JAMA 515 N State St, Chicago, IL 60654, USA
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e-Mail: angela.grayson@jama-archives.org*