RSNA 2017
Explore. Invent. Transform.

Nov. 26th –to– **Dec. 1st**

RSNA Technical Exhibits
820 JORIE BLVD, OAK BROOK, IL. USA 60523
TEL. 1-630-571-7850 | EMAIL: EXHIBITS@RSNA.ORG
RSNA.ORG/EXHIBITORS

RSNA 2017 Premium Exhibitor Listing

PREMIUM + PREMIUM PLUS LISTING

PREMIUM PLUS LISTING

	FEATURES	BASIC EXHIBITOR LISTING	PREMIUM EXHIBITOR LISTING	PREMIUM PLUS EXHIBITOR LISTING
1.	Contact Information	✔	✔	✔
2.	Company Description	✔	✔	✔
3.	Categories	✔	✔	✔
4.	RSNA 2017 Mobile App	✔	✔	✔
5.	Preferred Placement in Exhibitor Search Results		✔	✔
6.	Company Logo		✔	✔
7.	Banner Image		✔	✔
8.	Featured Products		12	12
9.	Video Highlights		12	12
10.	PDF Documents		12	12
11.	Social Media Links		✔	✔
12.	Email Form		✔	✔
13.	Technical Exhibits Showcase Banner			✔
	PRICE	FREE	$595	$895
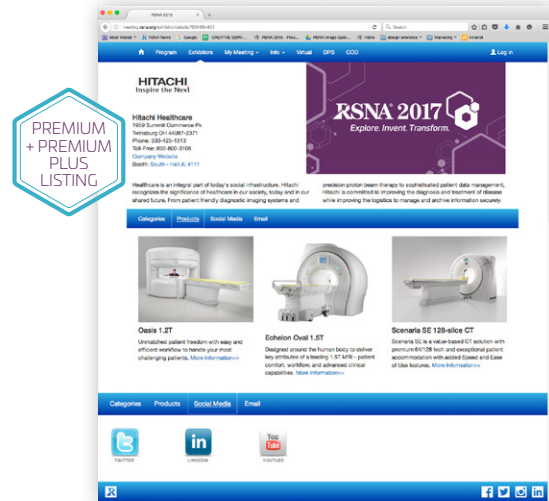
Description of Features

1. **Contact Information:** Complete company contact information will be listed, including mailing address, phone, fax, toll-free number, web address and booth number.

2. **Company Description:** 150-word company profile.

3. **Categories:** Select all products or services that your company provides. Choose from over 500 RSNA products/services.

4. **RSNA 2017 Mobile App:** Company profile and map of your location will be included in the RSNA 2017 Mobile App.

5. **Preferred Placement in Exhibitor Search Results:** Your company name and exhibitor listing will be promoted to the top of all exhibitor search results.

6. **Company Logo:** Upload your company logo to be featured on exhibitor listing page.

7. **Banner Image:** Exhibitor-provided photo (such as booth design, headquarters building or new product) will be featured prominently.

8. **Featured Products:** Up to 12 company products/services can be featured in the section, including a product image, 25-word description and direct link to your website for each product.

9. **Video Highlights:** Up to 12 company videos can be promoted in this section where you you can show current corporate and product videos, a message from the president, or film videos at your booth to show virtual attendees.

10. **PDF Documents:** Up to 12 PDF documents can be made available for attendees to download in this section where you can post product brochures, corporate brochures and white papers.

11. **Social Media Links:** Encourage attendees to follow you after the meeting by promoting your social media sites.

12. **Email Form:** Set up an email address directing current and prospective customers to contact you with questions regarding your company, product or service.

13. **Technical Exhibits Showcase Banner:** Digital banner in the Technical Exhibits Showcase, appearing on the home page of Meeting Central, draws attention to your business and links prospects to your exhibitor listing.

More Information

Contact Lisa Lazzaretto at 1-630-571-7818 or llazzaretto@rsna.org

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Exhibitor Listing Order Form

1. Exhibitor Information

Company

Telephone

Address

Booth Number (if available)

City

State/Province

ZIP/Postal Code

Country

2. Booking Contact Information

Contact Information

Title

Telephone

Email

3. Listing Manager Contact

Contact Information

Title

Telephone

Email

4. Exhibitor Listing and Payment Information:

Premium Listing: ☐ $595   **Premium Plus Listing:** ☐ $895

Payment:

☐ **Bank Wire**

Companies may wire payment to:

JP Morgan Chase Bank, NA	ABA Transit Number: 071000013
10 South Dearborn St.	Swift Code: CHASUS33
Chicago, IL 60603 USA	Account Number: 4184254

Any fees associated with the wire transfer are the responsibility of the exhibiting company (approximately $20 per wire transfer)

☐ **Check**

By sending your check to us, you authorize RSNA to convert the check into an Electronic Funds Transfer. Please be aware that your account may be debited as soon as the same day we receive your payment.

☐ **Credit Card**   ☐ Visa ☐ Master Card ☐ American Express
☐ Diners Club ☐ Discover

Card Number

Exp. Date

Name as it Appears on Card

CIV Code

X
Authorized Signature

5. Agreement:

I hereby authorize RSNA to upgrade my company's online exhibitor listing.

Printed Name of Company Representative

X
Authorized Signature   Date

6. Submission:

Fax the signed form to:
1-630-571-2198

For Office Use Only			
CO #	Amount Received	Payment Type	Date Received

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