

**IMMUNOLOGY 2025**

Hawaii Convention Center

May 4 -5, 2025

**Advance Order Deadline: April 25, 2025****1004 MAKEPONO STREET****HONOLULU, HI 96819****PH (808) 832-2430****FAX (808) 832-2431****helpdesk@icshawaii.net**

(NOTE: ORDERS AFTER ADVANCE ORDER DEADLINE DATE

WILL BE FILLED UPON AVAILABILITY AND IF TIME PERMITS)

**IMPORTANT !**

- Please note order deadline and asset delivery due dates above. Please call to check for availability after deadlines.
- On digital printing or logos, we must have the artwork on disc, CD, Dropbox or e-mailed to us.
- All graphic work must be in IBM PC format and must be in the EPS file format.
- All drawings or photograph work must be in TIFF or high JPEG file format.
- Color matching is not guaranteed.
- **Currently, we do not accept any Macintosh generated files.**
- Assets requiring prep or design will be charged per an hourly production/design rate

	Advance Rate	Floor Showsite Rate	Quantity	Total
<b>POSTER PRINTING FOR 4'x8' POSTER BOARD (USEABLE SPACE 44-1/2" x 91"L)</b>				
<b>MUST BE IN PRINT-READY FORMAT</b>				
Half Size Poster ( <b>Heavyweight Bond Paper</b> ) - 44"W x 45"L	\$235.00	\$330.00		
Full Size Poster ( <b>Heavyweight Bond Paper</b> ) - 44"W x 90"L	\$470.00	\$660.00		
Half Size Poster ( <b>Glossy Paper</b> ) - 44"W x 45"L	\$260.00	\$365.00		
Full Size Poster ( <b>Glossy Paper</b> ) - 44"W x 90"L	\$520.00	\$730.00		
Any required additional computer work per hour (min. 1 hour)	\$125.00			
				<b>SUB-TOTAL</b>
				<b>4.712% EXCISE TAX</b>
				<b>GRAND TOTAL</b>

COMPANY NAME			ORDERED BY:	BOOTH #:
STREET ADDRESS		CITY	STATE	ZIP CODE
PHONE NUMBER	EXTENSION	FAX NUMBER	EMAIL ADDRESS	
AUTHORIZED CONTACT SIGNATURE			AUTHORIZED CONTACT-PLEASE PRINT	DATE

This order is accepted with the understanding that fire, strikes, transportation problems, or any other mitigating factor out of I.C.S.'s control will release I.C.S. from any legal obligation of performance. A finance charge of 1.5% per month (18% annum) applies to any balance due not paid within thirty (30) days of invoice date. All orders are governed by I.C.S. Payment Policy and the Limits of Liability & Responsibility.

**METHOD OF PAYMENT:**

Accepted Credit Cards: VISA MASTERCARD AMEX DISCOVER

Check #	Credit Card #	Exp. Date	CVV# (3-4 digit code)
Name of Cardholder:		Signature	

**CARDHOLDER'S BILLING ADDRESS INFORMATION:**

COMPANY NAME			ORDERED BY:
STREET ADDRESS		CITY	STATE ZIP CODE
PHONE NUMBER	EXTENSION	FAX NUMBER	EMAIL ADDRESS