ABRCMS encourages institutions, organizations, and departments, with similar interests, to “cluster” within the ABRCMS exhibit hall. Clustering allows institutions, organizations, or departments to reserve booths next to one another. Parties that wish to cluster typically share a common interest, alliance or work together in some capacity.

Tuesday, May 24, 2022 – Clustering Intent Form Deadline
Tuesday, May 31, 2022 – Deadline for Cluster Members to Submit Payment

A minimum of five (5) booths are required to create a cluster. ABRCMS offers priority exhibit space assignment for cluster participants, which allows clusters to reserve booth locations before general exhibit space registration opens. Clustering Intent Form (pages 2/3) must be submitted by Tuesday, May 24, 2022 to be eligible for priority exhibit registration. To participate in clustering, all members of your cluster must pay by credit card; no exceptions. There is NO limit to the amount of exhibit space a single institution can reserve.

Steps for Clustering Exhibit Booths:
1. Complete this clustering Intent Form by Tuesday, May 24, 2022 and submit to ABRCMS at abrcmsexhibits@asmusa.org.
2. Cluster assignments will be made on Wednesday, May 25, 2022 based on the number of booths in a cluster (larger clusters are assigned first).
3. Each member within the cluster must complete an individual exhibit booth contract by Tuesday, May 31, 2022. The contract will be online and sent via a link to the email address provided.
4. Any member within the cluster that does not submit a completed exhibit booth contract with payment by Tuesday, May 31, 2022 will forfeit their booth within the cluster. Booth(s) will be released to the public for purchase on Wednesday, June 1, 2022.
5. Payment will be due in full by May 31, 2022, a secure payment link will be provided for the credit card payment (credit card is the only form of payment for clusters).

* If member(s) of your cluster forfeit a booth which results in your cluster being less than five (5) booths, all booths within the cluster will be released and the remaining members will have to register during general registration. In the case that booths are released, show management reserves the right to consolidate the cluster.

** Primary contact listed on the cluster intent form is responsible for communicating these guidelines to all members of the cluster. Assignments will be e-mailed to the primary contact only but each exhibitor is responsible for submitting their own contract and payment via the secure link provided.
List all confirmed members of your cluster below. Intent form deadline is Tuesday, May 24, 2022. Forms received after Tuesday, May 24, 2022 will not be eligible for cluster registration.

**Cluster Name:**
________________________________________________________________________________________________________

**Total Number of Booths in Cluster:** ________________

**Member 1 (cluster’s primary contact):**

Contact Name ____________________________________
Email____________________________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ___________________________________Preferred Booth # (1st choice) ___________ (2nd choice) __________

As the primary contact for the cluster, I agree to the ABRCMS clustering guidelines listed above and understand that I am responsible for communicating the ABRCMS instructions and guidelines for clustering to all parties interested and listed below.

___________________________________________________________
Signature                     Date

**Member 2:**

Contact Name ____________________________________
Email____________________________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ___________________________________Preferred Booth # (1st choice) ___________ (2nd choice) __________

**Member 3:**

Contact Name ____________________________________
Email____________________________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ___________________________________Preferred Booth # (1st choice) ___________ (2nd choice) __________
**Member 4:**
Contact Name ____________________________
Email ____________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ____________________________Preferred Booth # (1st choice) _________ (2nd choice) ________

**Member 5:**
Contact Name ____________________________
Email ____________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ____________________________Preferred Booth # (1st choice) _________ (2nd choice) ________

**Member 6:**
Contact Name ____________________________
Email ____________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ____________________________Preferred Booth # (1st choice) _________ (2nd choice) ________

**Member 7:**
Contact Name ____________________________
Email ____________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ____________________________Preferred Booth # (1st choice) _________ (2nd choice) ________

**Member 8:**
Contact Name ____________________________
Email ____________________________________
Institution________________________________________________________________________________________________
Department______________________________________________________________________________________________
Phone Number ____________________________Preferred Booth # (1st choice) _________ (2nd choice) ________
Submit Clustering Intent Form by May 24, 2022 to: abrcmsexhibits@asmusa.org

Questions? Contact Aleshia Ward, Program Officer, Exhibit Sales at: award@asmusa.org