

2017 ACVIM FORUM EXHIBIT SPACE AGREEMENT

Specialty Symposium | June 7 • ACVIM Forum | June 8-10 • Exhibit Hall | June 8-9
Gaylord National Resort & Convention Center, National Harbor, MD



<p>COMPANY NAME (AS IT WILL APPEAR IN ALL PRINTED MATERIALS AND ON BOOTH ID SIGN)</p>	<p>EXHIBIT/TRADE SHOW CONTACT NAME: _____ TITLE: _____ EMAIL: _____ PHONE: _____ FAX: _____</p>
<p>ADDRESS & PHONE (AS IT WILL APPEAR IN PRINT AND ONLINE) ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____ COUNTRY: _____ PHONE: _____ FAX: _____ COMPANY WEBSITE: _____</p>	<p>SPONSORSHIP/MARKETING CONTACT NAME: _____ TITLE: _____ EMAIL: _____ PHONE: _____ FAX: _____ <input type="checkbox"/> YES, PLEASE CONTACT ME REGARDING SPONSORSHIP OPPORTUNITIES</p>
<p>PRODUCT CATEGORY _____</p> <p>COMPANIES YOU DO NOT WISH TO BE LOCATED NEAR: (ACVIM WILL NOT BE RESPONSIBLE FOR CONFLICT OF BOOTH SPACE ASSIGNMENTS IF THIS IS NOT COMPLETED)</p>	<p>LIST YOUR TOP THREE BOOTH CHOICES 1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____</p>

BOOTH TYPE	EARLY BIRD RATE SIGN UP BY SEPTEMBER 30, 2016	REGULAR RATE AS OF OCTOBER 1, 2016	QTY.	PRICE
Island Booth (min. of 400 sq. ft.)	\$37 per sq. ft.	\$38 per sq. ft.		
10' x 10' Corner	\$3,250	\$3,350		
10' x 10' Inline	\$2,900	\$3,000		
Nonprofit Table	\$445	\$445		
			TOTAL	

TERMS

PAYMENT TERMS: A 50 PERCENT DEPOSIT IS DUE UPON REQUESTING BOOTH SPACE AND COMPLETING THE 2017 EXHIBIT SPACE AGREEMENT. FULL PAYMENT OF THE BOOTH MUST BE MADE BY 1/31/17 OR THE BOOTH SPACE WILL BE RELEASED AND NO REFUNDS WILL BE GRANTED.

QUESTIONS ON EXHIBITS AND SPONSORSHIP:
Leah@ACVIM.org | 303.358.0194 cell | 303.231.9933 (x115) office

COMPLETE AND FAX THIS CONTRACT TO ACVIM AT (303) 231-0880. FOR ADDITIONAL INFORMATION, PLEASE VISIT WWW.ACIVMFORUM.ORG.

SEND TO:
LEAH GAYHEART, CONFERENCE PARTNERSHIPS MANAGER
ACVIM
PO BOX 22815
DENVER, CO 80222

CANCELLATION POLICY: A CANCELLATION NOTICE MUST BE SENT IN WRITING. A CANCELLATION REQUESTED FROM 1/1/17–1/31/17 IS SUBJECT TO A CANCELLATION FEE EQUAL TO 50% OF THE TOTAL COST OF THE BOOTH(S). **NO REFUNDS WILL BE GRANTED AFTER 1/31/2017.**

ACCEPTANCE: ON BEHALF OF MY COMPANY, I AGREE TO ALL PROVISIONS OF THIS CONTRACT AND ANY AND **ALL APPLICABLE RULES AND REGULATIONS AS PUBLISHED BY THE ACVIM**, WHICH REGULATIONS ARE CONSIDERED TO BE A PART OF THIS AGREEMENT BETWEEN EXHIBITOR AND THE ACVIM, IF THIS APPLICATION IS ACCEPTED.

READ, ACCEPTED AND APPROVED BY EXHIBITOR (SIGNATURE REQUIRED)

PRINT NAME

DATE

PAYMENT INFORMATION

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PAYMENT FOR: _____

PAYMENT TYPE: _____

CREDIT CARD #

EXP. DATE

SECURITY CODE

TOTAL CHARGE

CARDHOLDER NAME AS IT APPEARS ON CARD

SIGNATURE

DATE

BILLING STREET ADDRESS

BILLING CITY, STATE, ZIP/POSTAL CODE

SUBMIT TO:

ACVIM

ATTN: LEAH GAYHEART

PO BOX 22815

DENVER, CO 80222

FAX: (303) 231-0880