

2018 ACVIM FORUM EXHIBIT SPACE AGREEMENT

Specialty Symposium | June 13 • ACVIM Forum | June 14-16 • Exhibit Hall | June 14-15
Washington State Convention Center, Seattle WA



COMPANY NAME

(AS IT WILL APPEAR IN ALL PRINTED MATERIALS AND ON BOOTH ID SIGN)

EXHIBIT/TRADE SHOW CONTACT

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____ FAX: _____

ADDRESS & PHONE (AS IT WILL APPEAR IN PRINT AND ONLINE)

ADDRESS: _____
CITY: _____ STATE: _____
ZIP: _____ COUNTRY: _____
PHONE: _____ FAX: _____
COMPANY WEBSITE: _____

SPONSORSHIP/MARKETING CONTACT

NAME: _____
TITLE: _____
EMAIL: _____
PHONE: _____ FAX: _____
☐ YES, PLEASE CONTACT ME REGARDING SPONSORSHIP OPPORTUNITIES

PRODUCT CATEGORY

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)

LIST YOUR TOP THREE BOOTH CHOICES

1ST CHOICE _____ 2ND CHOICE _____ 3RD CHOICE _____

BOOTH TYPE	ONSITE RATE JUNE 7-9, 2017	EARLY BIRD RATE SIGN UP BY SEPTEMBER 30, 2017	REGULAR RATE AS OF OCTOBER 1, 2017	QTY.	PRICE
Island Booth (min. of 400 sq. ft.)	\$37 per sq. ft.	\$38 per sq. ft.	\$39 per sq. ft.		
10' x 10' Corner	\$2,950	\$3,250	\$3,350		
10' x 10' Second Corner	\$200	\$250	\$300		
10' x 10' Inline	\$2,850	\$2,900	\$3,000		
Nonprofit Table	\$445	\$445	\$445		
				TOTAL	

PAYMENT AND CANCELLATION TERMS

EXHIBIT PAYMENT TERMS: A NON-REFUNDABLE 50% DEPOSIT FOR BOOTH RENTAL IS DUE AT THE TIME OF EXHIBITOR AGREEMENT SUBMISSION. FINAL BALANCE IS DUE BY JANUARY 31, 2018. NO REFUNDS WILL BE GRANTED AFTER JANUARY 31, 2018. FULL PAYMENT IS DUE WITH SUBMISSION FOR BOOTHS REQUESTED ON OR AFTER FEBRUARY 1, 2018. IF PAYMENT IS NOT RECEIVED, EXHIBIT SPACE WILL BE FORFEITED.

CANCELLATION TERMS: ALL CANCELLATION NOTICES MUST BE SENT IN WRITING. REQUESTED CANCELLATIONS WILL NOT RECEIVE A REFUND OF THE DEPOSIT AND ARE SUBJECT TO A FEE OF 100% OF THE TOTAL BOOTH COST AFTER JANUARY 31, 2018.

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.

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.ACVMFORUM.ORG.

SEND TO:
LEAH GAYHEART, CONFERENCE PARTNERSHIPS MANAGER
ACVIM
8301 E. PRENTICE AVE. SUITE 300
GREENWOOD VILLAGE, CO 80111

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

8301 E. PRENTICE AVE. SUITE 300

GREENWOOD VILLAGE, CO 80111

FAX: (303) 231-0880