

EXHIBITOR CONTRACT/APPLICATION

Please fill out the application completing all sections. Retain a copy for your files.
Fax to **866-334-4219**; email to **ADHA@conventusmedia.com**; and/or mail to:
Conventus Media, 55 Ferncroft Rd. Ste. 200, Danvers, MA 01923.

1. COMPANY INFORMATION (AS IT SHOULD APPEAR IN PRINT)

Company: _____

Street: _____

City: _____ State: _____

Country: _____ Zip Code: _____

Website: _____

2. CONTACT (PERSON HANDLING LOGISTICS/OPERATIONS)

Name: _____

Title: _____

Work Phone: _____

Cell Phone: _____

Email: _____

3. EXHIBIT SPACE RENTAL PER 100 SQUARE FEET

Minimum booth size is 10' x 10'.

Booth Rate per 10' x 10': \$2,750

There is a \$150 charge for each exposed corner.

Exhibit Package Includes:

- Four (4) exhibit booth badges per each 10' x 10' space. (Additional booth badges available for purchase.)
- Exhibitor ID sign, 8' draped back wall and 3' draped side wall
- Online exhibitor listing and inclusion in conference mobile app

A 50% deposit for each 10x10 booth must be made upon invoicing. An invoice will be included as part of space confirmation and include a balance due date of February 3, 2021. There is a \$100 charge for returned checks.

4. BOOTH SELECTION

To identify space preferences, please refer to the floorplan you received with your application, or you can visit www.adha2021.org to download in PDF format.

Booth No. First Choice: _____

Booth No. Second Choice: _____

Booth No. Third Choice: _____

Booth No. Fourth Choice: _____

Please list any companies you do not wish to be assigned near. ADHA reserves the right to assign space(s) other than the choice requested.

5. EARN ADDITIONAL EXHIBIT POINTS

Earn additional exhibit points by advertising or sponsoring

- Yes**, I want additional information about meeting-related print, web, mobile, and e-media advertising
- Yes**, I want additional information about meeting-related sponsorships

6. EXHIBIT FEE & DEPOSIT SCHEDULE (U.S. FUNDS ONLY)

Number of Booth Units (10' x 10'): _____

Booth Rate: _____

= Total Booth Cost: \$ _____

Bag Insert (\$2,000) _____

Total Due \$ _____

7. PAYMENT

- Check:** (Payable to ADHA) Check # _____

Mail to: ADHA, 444 N. Michigan Ave, St. 400, Chicago, IL 60611

- Credit Card:** Credit card payments will be completed on the secure ADHA Payment Portal. A statement will be sent containing a link to complete your payment.

PAYMENT TERMS: 100% by February 3, 2021. For applications submitted after February 3, 2021, full payment must be included.

CANCELLATION & REFUND POLICY

All requests for cancellation of space must be received in writing. If space is reduced, the net reduction of space will be treated as a cancellation of space. If Show Management receives a written request for cancellation of space on or before February 3, 2021, the exhibitor will be liable for 50% of the total cost of space canceled. There are no refunds for cancellations after February 3, 2021. In the event that ADHA 2021 is rescheduled or the in-person meeting transitioned into a virtual event due to federal, state, or city restrictions; exhibitors will be rolled over to the rescheduled or redesigned ADHA 2021 experience. Same cancellations will apply.

8. CONTRACT EXECUTION

This exhibit space application will become a contract upon acceptance with authorized signature and is based upon the exhibit floorplan, exhibit space fees and rules and regulations governing the exposition and general information that is included within this document. All applications are contingent upon adha approval. By signing you agree to abide by all rules and regulations Governing the exposition as printed on the reverse side hereof and which are a part of this application. Acceptance of this application by show management Constitutes a contract.

Signature of authorized exhibitor agent

Date

Printed Name