

# 2017 Exhibit Space Application and Contract

Applications must be submitted with a 50% deposit for the total space rental fee in order to be considered for exhibit space

Company Name: \_\_\_\_\_  
 Primary Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

### BOOTH PRICING

	Non-Profit/Hospital In-Line	Commercial In-Line	Commercial Corner	Commercial Island
Standard – 100 sq. ft.	\$ 1,950.00	\$ 2,750.00	\$ 2,850.00	\$ 2,950.00
Premium – 100 sq. ft.	N/A	\$ 2,950.00	\$ 3,050.00	\$ 3,150.00

### BOOTH PREFERENCES

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

If all of your requests (1-4) are unavailable, AWHONN will choose a location as close as possible to those you requested.

DO NOT place near (if possible): \_\_\_\_\_

### PRICING TOTALS

Square Feet Needed	Type	Fee (p/sq.ft.) Standard/Premium	Totals
sq.ft.	Non-Profit/School/Hospital	\$19.50	
sq.ft.	Commercial In-line	\$27.50/29.50	
sq.ft.	Commercial Corner	\$28.50/30.50	
sq.ft.	Commercial Island	\$29.50/31.50	
<b>TOTAL</b>		<b>TOTAL DUE:</b>	<b>\$</b>

### BOOTH STANDARDS

8' back drape / 3' side drape in show colors  
 7" x 44" Booth Identification Sign  
 3 Exhibitor badges (access to show floor only)  
 1 8 week out Pre Registration Attendee List (upon request)  
 Use of AWHONN 2017 Convention logo for marketing Listing and company description in Official Final Program  
 Booths are not carpeted and carpeting at the exhibitors expense is required

### METHOD OF PAYMENT

AWHONN Tax ID #: 52-1788738

Credit Card:  Check (payable in U.S. dollars to AWHONN)  
 American Express  MasterCard  VISA

CARD NUMBER \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 EXPIRATION DATE \_\_\_\_\_

### ACCEPTANCE

This application will not be processed unless signed and accompanied by 50% deposit of total space rental fee. The Rules and Regulations set forth by AWHONN become binding upon acceptance of this agreement with or without appropriate payment of space rental fee and or deposit.

Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_  
 By signing above, I verify that I am authorized to execute this binding contract

### Return this Application and/or payment to:

MAIL CHECKS TO: AWHONN 2017 Convention Exhibits Department 4015 Washington, DC 20042—4015	OVERNIGHT DELIVERY: AWHONN 2017 Convention Exhibits 1800 M Street NW, Suite 740 South Washington, DC 20036 Phone: 202.261.2449	CREDIT CARDS PAYMENTS: Fax: 202.728.0575 Email: jberry@awhonn.org
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**DO NOT SEND CREDIT CARD PAYMENTS HERE**

EXHIBITORS: PLEASE KEEP A COPY OF ALL SUBMITTED MATERIALS FOR YOUR RECORDS

### FOR AWHONN USE ONLY:

SHOW MANAGEMENT SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_