

This application and contract for exhibit space is a binding agreement once booth space is assigned. The applicant may not cancel this contract without the written consent of the American Diabetes Association. Cancellation and reduction policy and dates can be found on the reverse of this contract.

Note: Confirmation letters, invoices, housing/registration forms, the exhibitor service kit, and other materials will be sent to the contact person listed below:

Company Name (as it should appear in Final Program) _____
 Contact Name _____ Position _____
 Address _____ City _____ State/Prov. _____ Zip/Postal Code _____ Country _____
 Contact's Mobile Phone _____ Office Phone _____ Fax _____
 Contact's Email _____ Company Web-Site _____
 Signature _____ Date _____

By signing this application and contract you are agreeing to abide by all Rules and Regulations governing exhibiting with the American Diabetes Association's Scientific Sessions. Please be aware of deadlines that may expire if you apply closer to the show date.

BOOTH RENTAL FEES

\$3,850.00 per booth per 10x10 (in-line)
 \$4,050.00 per booth per 10x10 (corner)
 \$43.50 per square foot for islands
 \$2,100.00 non-profit booth per 10x10 (in-line)
 \$2,200.00 non-profit booth per 10x10 (corner)

Note: Exhibitors requesting to purchase aisle space must meet the following criteria:

- 1) the aisle space does not infringe on a main aisle;
- 2) the aisle area adjoining the booth space must be the same length.

All requests are at the discretion of the Association.

PLEASE REFER TO THE MOST CURRENT FLOORPLAN FOR BOOTH CHOICES:

Choices	Size	Cost
1 st _____	_____	_____
2 nd _____	_____	_____
3 rd _____	_____	_____

COMPANIES YOU WOULD PREFER TO BE NEAR: _____

OR NOT BE NEAR: _____

THE ASSOCIATION RESERVES THE RIGHT TO RESTRICT OR DENY ANY BOOTH ASSIGNMENT THAT WOULD COMPROMISE THE INTEGRITY OR DESIRABILITY OF THE EXHIBITION. NEW EXHIBITORS MUST COMPLETE A NEW EXHIBITOR QUESTIONNAIRE AND BE ACCEPTED.

Applications are accepted until June 15, 2018. To be assigned by priority points, applications must be received by the Priority Point Deadline: **September 1, 2017**

Priority Point Booth Assignment Procedure:

Tier One: Companies exhibiting at the 2017 Scientific Sessions who have accrued 6 or more priority points are given an opportunity to select space onsite for 2018. A ten (10) percent non-refundable deposit is required at the time of booth selection. On or before **September 1, 2017** another forty (40) percent deposit is required.

Tier Two: Companies who exhibited in 2017 and have accrued 5 priority points or less will be contacted immediately after the meeting and given the opportunity to apply with the same ten (10) percent deposit due with their applications no later than **July 28, 2017**. An additional forty (40) percent deposit will be due on or before **September 1, 2017**.

Tier Three: Companies who exhibited in 2017 but decide not to select under the above two tiers must submit their application with the required fifty (50) percent deposit before **September 1, 2017** to be assigned space according to their accrued points, but prior to new exhibit applicants.

Tier Four: New companies who submit their application and fifty (50) percent deposit for booth space prior to the **September 1, 2017** Priority Deadline, will be assigned space after all 2017 exhibitors who have submitted their application prior to the **September 1, 2017** date have been assigned space. Any company who submits their application and fifty (50) percent deposit for booth space after the **September 1, 2017** Priority Deadline will be assigned on a first-come, first-served basis *regardless of points accrued*.



APPLICATIONS ARE ONLY ACCEPTED VIA USPS OR OVERNIGHT MAIL TO THE ADDRESSES BELOW. APPLICATIONS WILL NOT BE ACCEPTED VIA FAX OR EMAIL.

CHECK PAYMENT INSTRUCTIONS

Make Checks Payable to: American Diabetes Association.

Mail Application and Deposit to (via US Mail): American Diabetes Association, PO Box 418805, Boston, MA 02241-8805

Overnight Packages (via Courier): Bank of America Merrill Lynch Lockbox Services, Lockbox 418805, MA5-527-02-07, 2 Morrissey Blvd., Dorchester, MA 02125

Federal ID #: 131623888

Questions? Call A. Fassano & Company **Phone:** (856) 302-0887 **E-mail:** exhibits@AFassanoCo.com

The American Diabetes Association will accept payments by credit card, check or cash. Payments made by wire transfer should include an additional \$50 to offset wire fees. Any other form of payment may incur an additional fee. Please contact us for further information.

Full payment is due on March 9, 2018. On or after March 10, 2018, applications must be accompanied by full payment. Company listing and description will be printed in the Final Program if application and deposit are received by March 9, 2018.

PAYMENT INFORMATION 10% ON-SITE DEPOSIT 50% DEPOSIT FULL PAYMENT

AMOUNT ENCLOSED \$ _____ .00 **PAYABLE BY** CHECK CREDIT CARD: VISA MasterCard AMEX

NOTE: IF PAYING BY CHECK DO NOT INCLUDE NOTATIONS ANYWHERE ON THE FACE OF THE CHECK, OR ON THE MEMO LINE. CHECKS WITH NOTATIONS WILL BE RETURNED BY BOA.

CARD NUMBER _____ **EXP:** _____ **SECURITY CODE** _____

NAME (as it appears on card) _____

AUTHORIZED SIGNATURE _____

