



AATCC
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EXHIBITOR'S CONTRACT

2019 INTERNATIONAL CONFERENCE

April 9-11 – Sheraton Downtown, Fort Worth, Texas, USA

 Company Name Telephone Fax E-Mail

 Mailing Address

 City State/Province Country Zip Code

PLEASE RESERVE the following tabletop exhibit space for our company (see attached diagram):

First Choice _____ Second Choice _____ Third Choice _____
 Table(s) Table(s) Table(s)

TERMS AND CONDITIONS

The rental fee for each 6' x 30" table is US\$1,895 (US\$1,135 per table for AATCC Corporate Members.) For each table rented, the exhibitor will receive:

- One complimentary conference registration allowing access to all functions and events.
 (Please complete the attached exhibitor's registration form for the individual using this registration. Please return the registration form with the contract.)
- A final conference registration list of attendees will be distributed after the conference.

Payment in full of the rental fee must accompany the request for a table. Full refunds will be made for space cancelled no later than February 25, 2019. No other refunds will be made.

Table assignments will be based on exhibitor priority points. Contracts must be received no later than February 14, 2019.

Exhibitor assumes responsibility and agrees to indemnify and defend AATCC and the Sheraton Downtown and their respective employees and agents against any claims or expenses arising out of the use of the exhibition premises.

The Exhibitor understands that neither AATCC nor the Sheraton Fort Worth Downtown maintain insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.

 Name of person to whom exhibit information and/or materials should be sent

 Company Telephone Fax E-mail

 Signature Title Date

**** Unsigned contracts will be returned to sender. ****

Payment Options (Please check one):

- 1) Check Enclosed (payable in U.S. dollars)
- 2) Bill Credit Card (full amount only): VISA MasterCard American Express
 Name (Please Print) _____ Card Number _____
 Cardholder Signature _____ Expiration Date _____ Security Code _____
- 3) Bank transfer; please request bank transfer form from AATCC (Please add a US\$30 service fee for bank transfers.)

FOR AATCC USE ONLY

Date Contract received _____ Payment _____ Table number(s) assigned _____

PLEASE SUBMIT BY EMAIL BY CLICKING ON THE BUTTON BELOW