

# SPONSORSHIP AND EXHIBIT CONTRACT

**Company Name:** \_\_\_\_\_  
(as it should appear in print)

**Main Admin/Contact:** \_\_\_\_\_ **Email:** \_\_\_\_\_  
(this will be the main contact for all conference-related information and will be the CVENT administrator to access CVENT)

**Additional administrative contact name:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

## EXHIBIT BOOTH ONLY

1. Please list your top 10 booth number options in order of preference:

|       |       |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

2. Choose your level:

**8x8 Foyer Booth: \$6950**

**10x10 Perimeter booth inside the hall: \$6950**

**10x10 Center Booth inside the hall: \$7950**

## PAYMENT INFORMATION

You must check all boxes on page 3, provide booth selection, sign below, provide full payment and submit to **Hshanahan@mtmp.com**. A return email confirms your booth space and registration.

**Please Charge My:**  Visa  Master Card  
 American Express

**Name On Card:** \_\_\_\_\_

**Account Number:** \_\_\_\_\_

**Exp Date:** \_\_\_\_\_ **Security Code:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**TOTAL AMOUNT TO BE CHARGED:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Billing City/State/Zip:** \_\_\_\_\_

**Email to send payment receipt:** \_\_\_\_\_

## SPONSORSHIP

(for companies with confirmed sponsorships ONLY)

**List your sponsorship title and price:** \_\_\_\_\_

## OPTIONAL ITEMS WITH FEES

### Text Branding

Only open to participating exhibitors. Must be paid and submitted by deadline.

**Text Branding: \$150**

### Media Guide Ad

Must be paid and submitted by deadline.

**Half Page: \$250**

**Full Page: \$500**

**Non-exhibitor Half Page AD: \$1000**

**Non-Exhibitor Full Page AD: \$1500**

### Additional Staff Registration

\$1095 per additional attendee. See Rules & Regulations for qualifying Staff members.

**\*Number of additional Staff:** \_\_\_\_\_ **x \$1095:** \_\_\_\_\_

**\*\*Number of non-booth Staff:** \_\_\_\_\_ **x \$1395:** \_\_\_\_\_

\* (only for sponsors with a booth) \*\* (for sponsors without a booth)

**Cancellation Policy:** Payment guarantees your booth space. Once payment is received, absolutely no refunds will be given unless booth space or sponsorship can be re-sold. Cancellations made within 2 weeks of conference do not receive a refund under any circumstances. This includes Staff Registration. *Sponsorships will be subjected to a 25% penalty regardless of resale of sponsorship.*



**MASS TORTS**  
VENDOR ASSOCIATION

Members of the Mass Torts Vendor Association get a \$150 exhibitor reimbursement. Please contact Trevor Goins at **TGoins@Associationsmgt.com** for the reimbursement.