

SPONSORSHIP AND EXHIBITOR CONTRACT

FOR ADMIN USE ONLY

Payment DB T M S

Company Name: _____
(As It Should Appear In Print)

Main Admin/CVENT 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:** _____

Main Phone Number: _____ **Admin Phone Number:** _____

EXHIBIT BOOTH ONLY

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

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

2. Choose your price level:

- 8x8 Foyer Booth: \$6950**
- 10x10 Perimeter booth inside the hall: \$6950**
- 10x10 Center Booth inside the hall: \$7950**

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 on the Text Branding Form.

- Text Branding: \$150**

Media Guide Ad

Must be paid and submitted by deadline on the Media Guide.

- 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)

PAYMENT INFORMATION

You must initial all items in Rules & Regulations, provide booth selection, sign below, provide full payment and submit to **Hshanahan@mtmp.com**. A return email confirms your booth space and registration.

MTMP reserves the right to return any deposited fees, decline any application for attendance, refuse entrance, and decline admission to any and all attendees and registrants at any time.

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: _____

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, including any additional Staff Registrations, made within 2 weeks of the conference do not receive a refund under any circumstances. Sponsorships will be subjected to a 25% penalty regardless of resale of sponsorship.



Members of the Mass Torts Vendor Association get a \$150 exhibitor reimbursement. Please contact Trevor

Goins at **TGoins@Associationsmgt.com** for the reimbursement.