

PREMIER EXHIBITOR APPLICATION

Contract for TWO 2019 Conferences (W and/or C and/or F) at one time.

2019 WINTER Jan. 20-24 | Exhibits: Jan. 21-23

2019 ICT CANADA – PRESENTED BY BICSI

April 8-11 | Exhibits: April 8-10

2019 FALL Sept. 29-Oct.3 | Exhibits: Sept. 30-Oct. 2

Prices are listed in U.S. dollars and are subject to change.

Please review the *2019 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract* at bicsi.org/marketing.

EXHIBIT SPACE OPTIONS

Please indicate your desired booth size for each conference. Total booth price: Rate/Net Square Foot; 10'x10' increments.

ON-SITE RATES: EXPIRED MARCH 9, 2018.

EARLY BIRD RATES: RECEIVED BY SEPTEMBER 28, 2018.

	No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
Winter 19 and/or	\$59.00/per ft ²			
ICT Canada 19 and/or	\$37.50/per ft ²			
Fall 19	\$59.00/per ft ²			

REGULAR RATES: RECEIVED AFTER SEPTEMBER 28, 2018.

	No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
Winter 19 and/or	\$63.00/per ft ²			
ICT Canada 19 and/or	\$40.50/per ft ²			
Fall 19	\$63.00/per ft ²			

Add the 2019 BICSI Middle East & Africa Conference & Exhibition to your exhibitor mix at a special discounted rate! Call the BICSI Middle East & Africa office at +1 971 (0) 4 309 7070 for pricing.

Conference sponsors receive Priority Booth Selection!

For lottery details, visit the specific conference website at bicsi.org/winter or [/canadian](http://bicsi.org/canadian) or [/fall](http://bicsi.org/fall).

Booth Selection Lottery Order for Paid Exhibitors:

1. "Level" Sponsors Who Paid On Site
2. "Level" Sponsors Who Paid by Early Bird
3. Premier Plus Who Paid On Site
4. Premier Plus Who Paid by Early Bird
5. Premier Who Paid On Site
6. Premier Who Paid by Early Bird
7. Standard Who Paid On Site
8. Standard Who Paid by Early Bird
9. Regular (First-Come, First-Serve after Lottery)

Please contact the BICSI Sales Department for the number of Exhibitor Representatives and Exhibit Hall passes allotted for each booth size, and the word count for exhibitor descriptions in the conference program. Email: cnalls@bicsi.org; Tel: +1 813.769.1842 or 800.242.7405 (USA & Canada toll-free).

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IMPORTANT: The current show MUST be paid in full PLUS the minimum deposit required for any future show(s) MUST be paid in full to select booth space in that show's lottery.

CONTACT INFORMATION (please type or print clearly)

Full company name (as you would like it to appear) _____ Order date _____

Address _____ City _____ State/Province _____

Zip/Postal code _____ Country _____ Website _____

Company phone number _____ Company toll-free number _____

PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Title _____ Authorized Signature _____

Work number _____ Cell number _____

Email _____ Fax _____

SECONDARY CONTACT (if different from primary contact) _____ Title _____

Work number _____ Cell number _____

Email _____ Fax _____

	Winter	ICT Canada	Fall
Company ID:			
Booth Number:			
Booth Size:			
Total Booth Cost:			
Deposit Received:			
Deposit Processed:			
Balance Due:			
Balance Received:			
Balance Processed:			
Invoice Number:			

FOR BICSI USE ONLY

CONTACT BICSI Mail or fax this form to:
 BICSI, Attn: Courtney Nalls, 8610 Hidden River Parkway,
 Tampa, Florida 33637-1000 USA
Fax: +1 813.971.0286; **Phone:** 800.242.7405
 (USA & Canada toll-free) or +1 813.769.1842;
Email: cnalls@bicsi.org; **Web:** bicsi.org

WE AGREE UNCONDITIONALLY TO THE FOLLOWING TERMS:

1. If signing up on site at the 2018 Winter Conference or by March 9, 2018, a 25% non-refundable deposit for each show is required. Remaining balances are due: Winter, by September 28, 2018; ICT Canada, by January 4, 2019; Fall, by May 24, 2019. If signing up after March 9, 2018, a 100% payment is due for Winter; 50% non-refundable deposit for ICT Canada and/or Fall; Remaining balances are due on dates listed above or full payment is due if the dates listed above have passed. 2. Booth assignments will be made using a lottery system for all applications received and paid in full by the Early Bird deadline. After the deadline, assignments will be made on a first-come, first-served basis. 3. We understand, agree to and will abide by the terms and conditions outlined in the 2019 BICSI Conference & Exhibition Rules and Regulations AND the Exhibitor Contract found in the 2019 BICSI Exhibitor Prospectus.

Exhibiting companies agree to maintain such insurance that will fully protect BICSI from any and all claims of any nature whatsoever, including claims under the Worker's Compensation Act, and for personal injury, including death which may arise in connection with the installation, operation, or dismantling of the exhibitor's display. Exhibiting companies are required to add on to their existing insurance portal-to-portal rider at a nominal cost, protecting them against the loss damage to their materials by fire, theft, accident or other related loss. **Initial** _____

Authorized signature _____ Title _____ Date _____

BICSI CARES CONTRIBUTION

Would you like to make a tax deductible corporate donation to the BICSI Cares charity being supported at the conference(s)? If so, please check for which conference(s) and include your donation amount. Charity details will be posted to the conference website once a charity has been selected.

Winter Donation \$ _____ Canada Donation \$ _____ Fall Donation \$ _____ Please contact me with more information.

Authorized signature _____ Date _____

PAYMENT SECTION Please submit front and back of this form for processing.

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

+ Winter \$ _____
+ ICT Canada \$ _____
+ Fall \$ _____
= Total \$ _____

- Check or Money Order
- Visa MasterCard
- American Express Discover

Internal use only

Cardholder name (as it appears on the credit card) _____ CVV _____ Cardholder signature _____

Credit card number _____ Expiration date _____ Billing zip code (required) _____