

BICSI VIRTUAL CONFERENCE EXHIBITOR APPLICATION

BOOTH FEE: \$3,500

2020 FALL CONFERENCE
27 Sept.-Oct. 1 | Exhibits: 29 Sept.-Oct. 1

Please review the *2020 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract* at bicsi.org/marketing.

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

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	Mobile number	Email

SECONDARY CONTACT

Work number	Mobile number	Email
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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:

We understand, agree to and will abide by the terms and conditions outlined in the 2020 BICSI Conference & Exhibition Rules and Regulations AND the Exhibitor Contract found in the 2020 BICSI Exhibitor Prospectus.

Authorized signature	Title	Date
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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.

Fall	\$ _____
= Total	\$ _____

Check or Money Order Visa MasterCard American Express Discover

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

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