

PREMIER EXHIBITOR APPLICATION

Contract for **BOTH 2020 Conferences** (Winter and Fall) at one time.

2020 WINTER Feb. 9-13 | Exhibits: Feb. 10-12
Tampa Convention Center, Tampa, FL, USA

2020 FALL Sept. 27-Oct.1 | Exhibits: Sept. 28-30
Mandalay Bay Hotel & Convention Center, Las Vegas, NV, USA

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

Please review the *2020 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: *Received by March 1, 2019.*

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 20	\$55.00/per ft ²			
	Fall 20	\$55.00/per ft ²			

EARLY BIRD RATES: *Received after March 1, 2019 and by October 10, 2019.*

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 20	\$60.25./per ft ²			
	Fall 20	\$60.25./per ft ²			

REGULAR RATES: *Received after October 10, 2019.*

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 20	\$64.50/per ft ²			
	Fall 20	\$64.50/per ft ²			

Add the 2020 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.

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).

CONTACT INFORMATION (please type or print clearly)

Full company name <small>(as you would like it to appear)</small>		Order date
Address	City	State/Province
Zip/Postal code	Country	Website

Company phone number	Company toll-free number
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PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Title	Authorized Signature
Work number	Mobile number
Email	Fax

SECONDARY CONTACT

Work number	Mobile number
Email	Fax

	Winter	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 2019 Winter Conference or by March 1, 2019, a 25% non-refundable deposit for each show is required. Remaining balances are due: Winter, by October 10, 2019; Fall, by May 22, 2020. If signing up after March 1, 2019, a 100% payment is due for Winter; 50% non-refundable deposit for 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 2020 BICSI Conference & Exhibition Rules and Regulations AND the Exhibitor Contract found in the 2020 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.

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 \$ _____ 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 \$ _____
+ Fall \$ _____
= Total \$ _____

- Check or Money Order
 Visa MasterCard
 American Express Discover

Internal use only

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

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