

# STANDARD EXHIBITOR APPLICATION

Contract for **ONE** 2020 Conference (Winter or 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](http://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 | \$61.00/per ft <sup>2</sup> |                                     |                                     |                   |
|  | Fall 20   | \$61.00/per ft <sup>2</sup> |                                     |                                     |                   |

### EARLY BIRD RATES: *Received by October 10, 2019 for Winter and May 22, 2020 for Fall.*

|  |           | No. of 10'x10's             | Booth Configuration (e.g.: 20'X30') | Booth Sharing (\$500): Company Name | Total Booth Price |
|--|-----------|-----------------------------|-------------------------------------|-------------------------------------|-------------------|
|  | Winter 20 | \$66.25/per ft <sup>2</sup> |                                     |                                     |                   |
|  | Fall 20   | \$66.25/per ft <sup>2</sup> |                                     |                                     |                   |

### REGULAR RATES: *Received after October 10, 2019 for Winter and May 22, 2020 for Fall.*

|  |           | No. of 10'x10's             | Booth Configuration (e.g.: 20'X30') | Booth Sharing (\$500): Company Name | Total Booth Price |
|--|-----------|-----------------------------|-------------------------------------|-------------------------------------|-------------------|
|  | Winter 20 | \$70.75/per ft <sup>2</sup> |                                     |                                     |                   |
|  | Fall 20   | \$70.75/per ft <sup>2</sup> |                                     |                                     |                   |

- On-site Rates:** Expire March 1, 2019
- Early Bird Rates:** Received by October 10, 2019 for Winter; by May 22, 2020 for Fall.
- Regular Rates:** Received after October 10, 2019 for Winter; and after May 22, 2020 for Fall.

**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](mailto: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 (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       | Fax                  |

**SECONDARY CONTACT**

|             |               |
|-------------|---------------|
| Title       |               |
| 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 |
|----------------------|-------|------|

**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) |
|--------------------|-----------------|-----|-----------------------------|