

AdvaMed 2014

Application & Contract for Sponsorship & Exhibit Space

STEP 1: INSTRUCTIONS FOR SUBMITTING CONTRACT

To sponsor and/or exhibit at *AdvaMed 2014*, complete this contract, submit payment per instructions in STEP 5 ("Payment") and provide an authorized signature in STEP 6 ("Terms & Conditions") of this form. Sponsorships and exhibit spaces are assigned on a first-come, first-served basis and after full payment is received. Preference for booth location will be given to current sponsors and renewing exhibitors.

Questions: Email: sponsorexhibit@medtechconference.org
Call: +1.202.434.7213

STEP 2: COMPANY/ORGANIZATION INFO

Are you an AdvaMed member? yes no

Organization Name: _____

Marketing Name (if different from above): _____

This is how your organization's name will appear in our promotional materials.

Website URL: _____

Company type:

- | | |
|---|--|
| <input type="checkbox"/> Manufacturer | <input type="checkbox"/> Media |
| <input type="checkbox"/> Trade/Economic Development | <input type="checkbox"/> University |
| <input type="checkbox"/> Non-profit | |
| <input type="checkbox"/> Service Provider | |
| <input type="checkbox"/> Consulting | <input type="checkbox"/> Law Firm |
| <input type="checkbox"/> Product Design/Development | <input type="checkbox"/> Marketing/PR |
| <input type="checkbox"/> Software/IT | <input type="checkbox"/> Facility/Realty |
| <input type="checkbox"/> CRO | <input type="checkbox"/> Recruiting |
| <input type="checkbox"/> Contract Manufacturing | <input type="checkbox"/> Temp Agency |
| <input type="checkbox"/> Parts Manufacturing | <input type="checkbox"/> Testing |
| <input type="checkbox"/> Insurance | <input type="checkbox"/> Translation Service |
| <input type="checkbox"/> Training/Certification | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Content Provider | |

STEP 3: CONTACT INFO

Please provide contact information for the person who will be handling your sponsorship and/or booth logistics.

Contact Name: _____

Title: _____

Mailing Address: _____

City/State/Country/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

Secondary Contact: _____

Title: _____

Mailing Address: _____

City/State/Country/Postal Code: _____

Phone: _____ Fax: _____

Email: _____

STEP 4: REQUEST SPONSORSHIP / EXHIBIT SPACE

Requested Sponsorship: _____

Sponsorship Fee: _____

Number of Requested 10' X 10' Exhibit Spaces: _____

Exhibit Space Fee: _____

AdvaMed Member: \$3,995 per 10'x10' space

Non-Member: \$4,495 per 10'x10' space

Total Fee: _____

STEP 5: PAYMENT

Payment is due upon submission of contract. For wire transfer information, please call 202.434.7213.

Fax contract to: **+1.800.442.2318**

Email contract to:

sponsorexhibit@medtechconference.org

Payment Method:

- Credit card (*only available for fees totaling \$15,000 or less*)
- Wire transfer
- Check

If paying by check, please make payable to *AdvaMed 2014* and mail to:

44 Canal Center Plaza, Suite 300

Alexandria, VA 22314

ATTN: Sponsorship and Exhibit Sales

If paying by credit card, please complete the following:

- Visa
- MasterCard
- American Express

Card Number: _____

Expiration Date: ____ / _____

Cardholder's Name:

Billing Address:

City/State/Postal Code/ Country:

Phone Number: _____

Email Address: _____

Cardholder's Signature:

STEP 6: TERMS AND CONDITIONS

6a. General Terms and Conditions

Applicant hereby acknowledges to abide by all *AdvaMed 2014* policies, rules, conditions, and terms listed below and as published online and/or in printed materials. Applicant also agrees to abide by any and all additional policies, rules, conditions, or regulations that are reasonably necessary to the success of the event or the safety, well-being, and interest of the Advanced Medical Technology Association (AdvaMed), the Life Sciences Conference Group, and/or other attendees. *AdvaMed 2014* Conference Management, hereinafter referred to as "Conference Management," shall retain the authority to interpret and enforce these rules. All matters not covered by these rules are subject to the discretion of Conference Management. The sponsoring and/or exhibiting organization or its representative who fails to observe these conditions or the terms of the contract may be excluded from *AdvaMed 2014* without refund. This Agreement shall be governed by and construed in accordance with the laws of the State of Illinois. Sponsoring and/or exhibiting organization agrees to submit to the jurisdiction of those courts within the County of Cook, State of Illinois for any and all proceedings related to this Agreement. Conference Management reserves the right to approve or deny any application to sponsor and/or exhibit at *AdvaMed 2014*.

6b. Fees, Payment, & Cancellation

Fees

Sponsorship Fees: various

Exhibiting Fees: AdvaMed Member: \$3,995 | Non-Member: \$4,495

Payment Schedule

Full payment is due upon submission of this contract or upon receipt of an invoice.

Late Payment

Conference Management retains the right to cancel a sponsorship and/or exhibit space for failure to remit payment within 30 days of submitting this contract or receiving an invoice. Any payment not received in full by October 6, 2014 is subject to penalties.

Cancellation

Cancellations must be received in writing (email, mail, fax). Cancellations received on or before Thursday, July 3, 2014 will be refunded minus a 25% processing fee. Cancellations received after Thursday, July 3, 2014 are non-refundable.

6c. Security, Liability, & Insurance

Security

Sponsors and/or exhibitors desiring special security for an exhibit display or any other property belonging to the sponsoring and/or exhibiting organization are responsible for arranging for such service.

Liability

The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of the exhibitor's activities on the McCormick Place® Complex premises and will indemnify, defend, and hold harmless, the Life Sciences Conference Group, AdvaMed, SMG, the Metropolitan Pier and Exposition Authority, and Chicago Park District, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims or expenses arising out of its use of the premises except for any claims, loss, or damages arising directly from McCormick Place's own negligence. The exhibitor understands that neither Life Sciences Conference Group, nor AdvaMed, nor the Metropolitan Pier and Exposition Authority and its agents, maintains insurance covering the exhibitor's property. It is the sole responsibility of the exhibitor to obtain such insurance in order to be protected. The Life Sciences Conference Group and the Metropolitan Pier and Exposition Authority reserve the right to eject persons from the premises at its reasonable discretion.

Insurance

Exhibitors agree to obtain and maintain during the use of the exhibition premises, Comprehensive General Liability Insurance covering themselves for property damage and any acts or omissions which cause bodily injury to any person authorized to be attending the conference or in the McCormick Place® Complex during *AdvaMed 2014*. The Life Sciences Conference Group, AdvaMed, SMG, the Metropolitan Pier and Exposition Authority, and Chicago Park District shall be named as additional insureds in such policy(s).

6d. Force Majeure

This Agreement shall terminate in the event that any or all of the conference venues for *AdvaMed 2014* are damaged or destroyed by fire or the elements, or by any other cause, including but not limited to government intervention or regulation, military activity, strikes, or any other circumstances that render it impracticable to hold *AdvaMed 2014* or any of its ancillary programs. Sponsoring and/or exhibiting organization agrees to waive any claim for property or other damages in connection with the aforementioned circumstances.

6e. Exhibitor Service Kit

An online/electronic Exhibitor Service Kit will be distributed with further information on the rules and regulations related to exhibiting at *AdvaMed 2014*, including display information, labor union regulations, safety and health, service information, and other requirements. It is the responsibility of the main contact and on-site exhibitor representatives or other designated representatives from the exhibiting organization to become familiar with this information.

AUTHORIZED SIGNATURE

Print name: _____ Date: _____

Signature: _____

(By signing this contract, the sponsoring/exhibiting organization agrees to the Terms and Conditions in STEP 6 of this agreement.)