



**Application and Contract for Booth Space
2019 CMAA National Conference & Trade Show
Hilton Orlando Bonnet Creek – Orlando, Fla.
September 22 - 24, 2019**

Contact Name _____ Title _____
 Company _____ Phone _____
 Address _____
 City _____ State _____ Zip _____
 Email _____ Company Website _____

Authorized Signature _____

By signature above, the individual signing this application represents and warrants that he/she is duly authorized to execute this binding contract. Signer agrees to comply with the trade show Rules & Regulations, instructions and conditions published in this contract, in the official Exhibitor Kit being forwarded at a later date, and with all conditions under which facilities at the hotel have been rented to CMAA.

Correspondence/Billing Contact (if other than or in addition to signer) with Address, Phone, and Email

Booth Price Includes:

- 10' wide x 10' deep booth with one 6' draped, skirted table; two plastic contour chairs; wastebasket; and identification sign
- 8'-high draped back wall and 3'-high draped side walls;
- Pre- and post-conference attendance roster with mailing/email addresses (when permitted by attendee) for promotion;
- One (1) Trade Show Only registration with each 10'x10' space, not full conference registration;
- Firm listing on CMAA's Conference web page/ Conference App with logo, company description, and link to exhibitor's website

Booth Prices:

Standard	\$2,500* per 10x10
Prime	\$2,750* per 10x10

***Non-Members add \$300**

Please reserve the following booth(s) for my firm.

1st booth choice _____ 2nd booth choice _____ 3rd booth choice _____

Total Amount to Be Paid \$ _____

Booth Assignments: Upon receipt of application/contract with payment, confirmation of booth assignment and additional information will be forwarded to the contact(s) noted above.

Cancellation Policy: In the event that an Exhibitor wishes to cancel all or part of the contracted exhibit space, the Exhibitor must do so in writing. Refunds of 100 percent, less a processing fee of \$100, will be processed until **June 15, 2019**; no refunds will be made after that date.

Payment Information: *Regardless of payment method, send a copy of application by fax (703.356.6388) or email (mgedris@cmaanet.org).*

- Check (Payable in US funds to: CMAA; Mail check w/application to secure lock box: CMAA, P.O. Box 37528, Baltimore, MD 21297-3528)
 Credit Card (Select CC type): AMEX Visa MasterCard

NAME ON CREDIT CARD _____

CREDIT CARD NUMBER _____ SECURITY CODE _____ EXPIRATION DATE _____

CREDIT CARD BILLING ADDRESS _____ ZIP CODE _____

AUTHORIZED SIGNATURE _____