



Application and Contract for Booth Space
2020 CMAA National Conference & Trade Show
San Francisco Marriott Marquis
October 11 – 13, 2020

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 address for promotion;
• Two (2) 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:

Rate

*Non-Members add \$300

Standard \$2,700* per 10x10
Prime \$3,000* per 10x10

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, 2020; 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