



Exhibit Space Application Form

EXHIBITOR INFORMATION

*Company Name: _____

*Contact Person: _____

*Address: _____

*City: _____ *State/Province: _____

*Zip/Postal Code: _____ *Country: _____

*Telephone: _____ *Fax: _____

*Website: _____ *Email: _____

CONTACT FOR EXHIBIT RELATED INFORMATION

*Contact Person: _____ *Title: _____

*Address: _____

*City: _____ *State/Province: _____

*Zip/Postal Code: _____ *Country: _____

*Telephone: _____ *Fax: _____

*Email: _____

EXHIBIT BOOTH SELECTION

Please check one:

EXHIBIT BOOTH RENTAL SELECTION

- 10 x 10 In-line Booth: ___ \$20,000
- 10 x 10 Corner Booth: ___ \$22,500
- Tabletop Display: ___ \$10,000 (Freestanding displays are not permitted)

Please list your top booth location choices. (See Exhibit Hall Floor Plan for booth numbers). This does not guarantee your preferred booth assignment; iwCLL 2017 will make every effort to accommodate your specific request based on availability. Floor plan is subject to change.

1. _____ 2. _____

EXHIBITOR COMPANY/PRODUCT OR ORGANIZATIONAL DESCRIPTION

Company/Product or Organizational Descriptions will be used in the iwCLL Final Program. Please limit description to 50 words or less. Companies may submit description until 5:00 pm Central on March 13, 2017.

EXHIBITOR CANCELLATION POLICY

Confirmed exhibitor requests are final. No refund will be provided.

EXHIBITOR AGREEMENT TERMS AND CONDITIONS

You are hereby authorized to reserve space for the company indicated to exhibit at the iwCLL 2017 to be held May 12 - 15, 2017 at the Times Square Marriott Hotel in New York City, NY, USA. You understand that the assigned space will be rented at the rate checked above. You understand further that all space must be paid for in full before space is assigned or guaranteed. You agree to abide by all rules and regulations governing exhibitors set forth in the iwCLL 2017 Meeting Exhibitor Guidelines, which is made part of this contract by reference and fully incorporated herein. You also understand Exhibitor registration is limited to food functions and exhibitor hall access only.

Hold Harmless Clause: The exhibitor assumes the entire responsibility and liability for losses, damages and claims arising out of injury or damage to the exhibitor's displays, equipment and other property brought upon the premises of the exhibit facility and shall indemnify and hold harmless the iwCLL 2017, Bio Ascend, the Times Square Marriott Hotel, Freeman Exposition Services and each of their employees and agents from any and all such losses, damages and claims. In addition, the exhibitor acknowledges that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor.

Promotional Activities: Advertisements and promotional materials may not be displayed or distributed in the educational space immediately before, during, or after a CME activity. No product advertisements will be permitted in the same room as the educational activity. Exhibitor staff may attend an educational activity, but may not engage in sales activities while in the room where the activity takes place.

Giveaways: Giveaways and product samples approved by iwCLL 2017 may be distributed from your exhibit booth. Requests for items other than product samples or educational materials must be submitted to iwCLL 2017 by April 1, 2017. Written notification will be sent upon iwCLL2017 approval of the items.

By submitting and signing the iwCLL 2017 Exhibit Space Application Form you agree to abide by the terms and conditions above.

Signature: _____

EXHIBITOR PAYMENT

Exhibitors are required to submit a minimum 50% deposit with this application if it is submitted on or before March 13, 2017 with the balance due by March 13, 2017. Applications submitted after March 14, 2017, must include full payment.

Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Security Code _____

Cardholder's Name: _____

Cardholder's Signature: _____

Please return your completed application by email to iwcll2017@bioascend.com. Print a copy of this application for your records.