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**Exhibition Contract Benefits Include: PTK2624 or AIBP2538**

* Exhibit Space (8’ x 10’)
* One (1) Booth Staff Registration
* One (1) Full-Conference Registration
* Discounted Rate for Additional Staff Full Conference Registrations (limited to 5)
* Post-Conference Mailing via Jet Mail or your own bonded third-party mail house
* URL link (from www.chi-peptalk.com)
* 50-word corporate description in conference materials

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Company Name: Web: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Company : \_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Dr.  Mr.  Mrs.  Ms.

Title: Division:

Address:

City/Prov/Zip: Country:

Tel: Fax: Email:

**EXHIBITING AT: (*shared hall—please select one)***  **PepTalk**  **BioLogic Summit**

**STANDARD BOOTH (8’ x 10’):**  **$6,495**

DOUBLE BOOTH AREA (8’ x 20’):  $12,990

**Additional Full-Conference Registration: $2,379 x \_\_\_\_\_ (number of add’l registrations)**

*(excludes short courses, symposia, and training seminars)*

**Total price *(booth and registrations)*: $\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_**

Booth Preference: 1st \_\_\_\_\_\_\_\_ 2nd \_\_\_\_\_\_\_\_ 3rd \_\_\_\_\_\_\_\_

**CANCELLATION TERMS:**

* You may cancel this contract with no penalty within 30 days of signing this on-site contract.
* There is a 100% cancellation penalty after 30 days of signing this contract.

**PAYMENT TERMS:**

* 50% deposit is due NET 30 days from signing contract; remaining 50% is due NET 90 days
* An invoice will be emailed to the main point of contact indicated on this contract
* We accept AMEX, Mastercard, Visa, Company check and wire transfer

**SIGNATURE:**

*Signature required:* I, (print name) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, have read the terms and conditions of this contract and on page 2 and agree to the payment terms stated above. I understand that this contract is legally binding between CII and my company. I am authorized to approve the terms of this contract.

Authorized Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

#### *Cambridge Healthtech Institute/Attn: Exhibit Department, 250 First Ave, Suite 300, Needham, MA 02494*

***ATTN: Jason Gerardi: 781-972-5452 (companies A – K); or Ashley Parsons: 781-972-1340 (companies L – Z)***

***Fax: (781) 972-5470 Email:*** ***jgerardi@healthtech.com*** ***or*** ***ashleyparsons@healthtech.com***

