



EXHIBIT SPACE APPLICATION AND CONTRACT

DERMFOOT 2020

Move In- September 30 | Exhibition- October 1- 4

IMPORTANT - PLEASE SHARE THIS INFORMATION WITH ALL COMPANY REPRESENTATIVES WHO WILL BE SETTING UP YOUR BOOTH

All parties acknowledge and agree to the following: Exhibiting companies must check-in between 8 AM and 5 PM on Wednesday, September 30th at the Registration desk prior to booth set-up. Move-in, including exhibit freight, and set up of all booths are to be completed on Wednesday, September 30th from 8:00 AM to 7:00 PM. Exhibitors who are unable to check-in on Wednesday must contact Dr. Annette Joyce at DrJoyce@DERMfoot.com by September 15, 2020.

All parties acknowledge and agree that no exhibitor is permitted to dismantle any exhibit prior to 2 PM on Saturday, October 3rd, and that failure to observe this regulation may result in rejection of my/our application for space at future meetings.

Exhibitor Registration & Installation

Wednesday, September 30th

8 AM - 5 PM Exhibitor Registration Open

8 AM - 7 PM Exhibitor Move-in & Installation

Dismantling & Move-out

Saturday, October 3rd

2 PM - 6 PM

No Exhibitor is permitted to dismantle any exhibit prior to 2PM on Saturday, October 3rd

All parties acknowledge and agree to comply with the conditions, rules and regulations as set forth, which is made part of this contract reference and fully incorporated herein, and to all conditions under which exhibit space at the Hilton Washington Dulles Airport is leased to DERMfoot Educational Ventures, LLC.

AUTHORIZATION REQUIRED: I am an authorized representative of the company with full power to sign and deliver this application. The company listed agrees to comply with all instruction, rules and regulations.

Print Name of Company Representative _____

Signature _____ Date _____

SPECIFIC PRODUCTS OR SERVICES TO BE EXHIBITED

Please check one or more:

- Dermatology
- Diagnostic Equipment
- Footwear and Hosiery
- Implants and Surgical Devices
- Insurance/Management Services
- Laser Therapy
- Medical Equipment/Supplies
- Office Equipment
- Orthotics and Corrective Devices
- Pain Management
- Pathology Services
- Pharmaceutical
- Podiatric Software (Billing/EMR)
- Practice Marketing
- Publications
- Surgical Instruments
- Wound Care
- Other _____

OFFICIAL COMPANY NAME AND REPRESENTATIVE TO RECEIVE ALL INFORMATION

Company _____

Website _____

Contact Name _____ Title _____

Address _____

City _____ State _____ ZIP _____ Country _____

Email _____

Phone _____

BOOTH SELECTION*

Total Number of Booths Requested _____ Please list booth numbers in order of preference.

If selecting multiple booths, please indicate all booth numbers with slashes, i.e. 212/214.

1st _____ 2nd _____ 3rd _____

BADGES

Each company will be supplied with up to 4 free badges if names are received by September 1st. Please print clearly and provide first and last names of each representative needing a badge.

Rep 1: _____ Rep 2: _____

Rep 3: _____ Rep 4: _____

PAYMENT

50% of the total due: \$ _____ Total amount due: \$ _____ Check Enclosed Visa/MasterCard/Discover American Express

Credit Card #: _____ Ex. Date (mm/yy): _____ CVV Code: _____

Name on Card: _____ Cardholder's Signature: _____ Date: _____

Billing Address: Check box if the same address as above

City: _____ State: _____ Zip Code: _____ Country: _____