

SPACE APPLICATION & CONTRACT
ASHRM 37TH ANNUAL CONFERENCE & EXHIBITION
WASHINGTON STATE CONVENTION CENTER
SEATTLE, WA
OCTOBER 15-18, 2017



INSTRUCTIONS:

1. Please type or clearly print all sections of this application.
2. Make a photocopy for your records.
3. Remit contract by mail, fax or email with payment.

QUESTIONS?

Amanda Strombeck, ASHRM Sales Manager
Phone: 312-673-5505
Fax: 312-673-4844
Email: astrombeck@smithbucklin.com

CONTACT INFORMATION FOR PERSON COORDINATING EXHIBIT BOOTH

Person to receive all future correspondence, including booth number confirmation and Exhibitor Services Manual information, etc

Exhibiting Company Name

Contact Name

Title

Address

City

State

Zip Code/Postal Code

Telephone

Email

Company Website

SALES GOALS

What are your company's sales objectives for 2017?

BOOTH LOCATION PREFERENCES

Every effort will be made to accommodate your preferences, but requests cannot be guaranteed.

List preferred booth numbers. We recommend that you do not concentrate choices in only one area of the Exhibit Hall.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____ 6th _____

Names of companies you do not want to be next to or directly across from:

Names of companies you want in close proximity:

BOOTH TYPE

- In-Line Corner Island Peninsula

SPONSORSHIPS

Please contact the following person about sponsoring an event or service at the 37th Annual Conference & Exhibition:

Name	Telephone	E-mail
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PAYMENT INFORMATION & ACCEPTANCE

Exhibit fees are \$2,750 per 10' x 10' booth, plus an additional corner fee charge of \$200 for each open corner. A deposit of 30% of the total cost of reserved space must be submitted within 30 days of reserving your space. Cancellations before May 26, 2017 will incur an administrative fee of 30% of the total booth cost. After May 26, 2017, full payment is required with contract and no refunds whatsoever will be made on cancellations or reductions of space. See ASHRM's Contract Conditions/Rules & Regulations for complete terms and conditions regarding cancellations and reductions.

COST OF RENTAL

\$2,750 per 100 square feet (per 10' x 10' booth) + \$200 per corner

1. # of booths x \$2,750 _____
2. # of corner fee(s), if any @ \$200 per corner: _____
3. Total Booth Fee: _____
4. Fee Enclosed: _____

PASSPORT TO PRIZES

\$1,000 Yes, I would like to participate.

PAYMENT TYPE

A deposit of 30% of the total cost of reserved space must be submitted within 30 days of reserving your space. After May 26, 2017, full payment is required with contract and no refunds whatsoever will be made on cancellations or reductions of space.

Check/Check Number: _____

Make check payable to ASHRM 2017 Annual Conference and remit to address at the bottom of this contract. Include copy of invoice or contract.

Credit Card

Payment by credit card should be completed online. A link to submit your credit card payment will be on your invoice.

ASHRM's Taxpayer Identification Number: 36-0726140

DO NOT SIGN THIS SPACE APPLICATION & CONTRACT WITHOUT FIRST READING THE CONTRACT CONDITIONS/RULES & REGULATIONS. I am an authorized representative of the company named on this Space Application and Contract with the full power and authority to sign and deliver this Space Application and Contract. By signing this Space Application and Contract, exhibitor agrees to abide by all terms as printed in the Contract Conditions/Rules & Regulations. I further acknowledge that ASHRM reserves the right, in its absolute discretion, to reject this Space Application and Contract. This application shall not become a binding contract until fully executed by both parties (exhibitor and ASHRM). Booth confirmation email will constitute ASHRM's acceptance of this application.

Signature: _____ Date: _____

REMIT COMPLETED CONTRACT WITH DEPOSIT TO

Mail: American Society for Healthcare Risk Management (ASHRM 2017)
75 Remittance Drive, Suite 1272
Chicago, IL 60675

Email: Amanda Strombeck, ASHRM Sales Manager (astrombeck@smithbucklin.com)