



1. CONTRACTING PARTY

Company Name: ("Exhibitor" or "Company")
Street Address:
City State/Province Zip/Postal Code Country
Primary Contact: Telephone: Primary Contact's Email:

What will be displayed?

(Please list your product or service):

INVOICE BILLING ADDRESS (if different from above)

Billing Company Name: ("Agency" or "Bill to Company")
Street Address:
City State/Province Zip/Postal Code Country
Telephone: Fax: Company Email: Website:
Agency Contact: Telephone: Agency Contact's Email:

2. AGREEMENT OF RESPONSIBLE PARTIES

The above described Exhibitor hereby agrees with Diversified Communications (hereinafter "Diversified") to pay the below described fees on the below noted dates as consideration for its exhibition at the Integrative Healthcare Symposium ("Event") and to comply with the Conditions Rules and Regulations set forth in Exhibit A. In the event that an Agency is referenced above, the payment obligations under this Contract shall belong to the Agency exclusively.

3. DEPOSIT

A deposit equaling 50% of the total cost of the Exhibitor Rate is due upon receipt of Invoice in order to reserve exhibit space. The balance must be paid by October 5, 2022. Contracts received on or after October 5, 2022 must be accompanied by full payment.

4. PAYMENT TERMS/METHODS

- 1.) 50% deposit due upon receipt of invoice.
2.) Balance due on or before October 5, 2022
All payments must be made in U.S. dollars to:
DIVERSIFIED COMMUNICATIONS

PAYMENT METHODS

- Check or Money Order DRAWN on a US Bank referencing IHS, P.O. Box 79365, Baltimore, MD 21279-0365
Wire Transfer and Credit Card: Instructions will be included on your invoice and statements.

5. CANCELLATION POLICY

No cancellation by an Exhibitor is effective unless given in writing by mail, or e-mail to Diversified Communications, 121 Free Street, Portland, ME 04112-7437 or to cperrone@divcom.com. The terms and conditions for cancellation are set forth in the Conditions, Rules and Regulations attached hereto below and incorporated herein.

Cancellations received by Diversified on or before October 5, 2022 shall be subject to a cancellation fee equal to 50% of the total cost of cancelled space. Cancellations received by Diversified after October 5, 2022 are subject to a cancellation fee equal to 100% of the total cost of cancelled space.

All outstanding fees are payable immediately upon cancellation.



**6. EXHIBITION BOOTH RATES**

**Raw Space Booth Options:**

- 8' x 10' ..... **\$4,135**
- 8' x 20' ..... **\$8,270**
- 16' x 20' ..... **\$16,540**
- Corner Fee (per corner) **\$250** x \_\_\_\_ = \$ \_\_\_\_\_

**Table Top Option** ..... **\$2,600**

Table Tops are open to one aisle, are 18" x 6', and include:

- 1 Conference pass for a 50% discount
- 3 Exhibitor personnel passes
- Company sign
- 1 6' long table, two chairs
- Booth Carpeting

For further details on what is included for all Exhibitions contact your sales representative or go to <http://www.ihSYMPOSIUM.com>:

**NOTE:** All co-exhibitors (whether companies or brands) must be identified on the co-exhibitor form provided by your salesperson and are subject to approval by Diversified in its sole discretion. A maximum of two companies or brands may co-exhibit per (8' x 10') booth.

**Raw Space Booths include:**

- 1 Conference pass per 80 sf of booth space
- 5 Exhibitor personnel passes
- Company sign
- Booth carpeting

**Furniture IS NOT INCLUDED in Raw Space Booth Rates**  
 Information on renting booth furnishings and purchasing discounted Conference passes will be shared later in the Exhibitor Resource Center

<b>Grand Total Exhibition Fees \$ _____</b>
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**7. AUTHORIZATION**

Undersigned on behalf of Exhibitor has reviewed and affirms that Exhibitor shall abide by all Conditions, Rules and Regulations governing the Event as set forth at **Exhibit A**, located at [www.divcom.com/exa-space-contract/](http://www.divcom.com/exa-space-contract/) which are included with this Exhibit Space Contract and incorporated by reference. Exhibitor further affirms that acceptance of this contract by Diversified constitutes a legal and binding agreement and that undersigned is authorized to bind Exhibitor regarding same.

**Seen and Agreed to on behalf of Exhibitor AND in the event that an Agency is billed, on its own behalf as well.  
 Booth will NOT be reserved until signed contract and deposit are received.**

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Print Name: \_\_\_\_\_ Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

**8. EXHIBITOR REQUESTS TO SHOW ADMINISTRATION – Diversified may or may not grant in its sole discretion**

**Booth Location Preference?**

1st  2nd  3rd

*Company requests it NOT be located adjacent or directly across from these listed companies:*

\_\_\_\_\_

\_\_\_\_\_

**Interested in Other Services?**

- I am interested in event related marketing opportunities
- I am interested in website advertising
- I am interested in purchasing additional Conference passes