**Exhibit Booth Application and Contract**

Please complete and return this form to Jennifer Patterson at jennifer.patterson@tts.org.

**1. IDENTIFICATION OF COMPANY**

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

Contact Person:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State/Province:\_\_\_\_\_\_\_\_ Postal Code:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Country:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ URL:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Corporate VAT # (European companies only):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 AUTHORIZED SIGNATURE PRINTED NAME

**2. PLEASE INDICATE YOUR BOOTH SELECTION(S) BELOW:**

**\*Furnished 3m x3m Exhibit Space Inclusions:**

shell scheme, carpet, 1 6ft table, 2 chairs, fascia with name and lighting, waste basket, 1 basic electrical outlet

**\*\* Space only 3mx3m Exhibit Space inclusions:**

3m backwall, grey carpet, 1 electrical outlet

**\*\*\* 2m x 2m Non-Profit Space Inclusions:**

shell scheme, carpet, 1 counter, 2 stools, fascia with name and lighting, waste basket, 1 basic electrical outlet

|  |  |  |  |
| --- | --- | --- | --- |
| **BOOTH TYPE** | **3m X 3m furnished\*** | **3m X 3m** **space only\*\*** | **2m X 2m** **non-profit\*\*\*** |
| **PRICE IN $USD** | $5,000 | $3,500 | $750 |
| **Number of Booths purchased** | Please indicate # of booths. | Please indicate # of booths. | Please indicate # of booths. |

Total number of booths requested: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Total booth cost: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Preferred booth number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We prefer to be near: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We prefer not to be near: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**3. IN ORDER TO VALIDATE THIS CONTRACT:**

1. We agree to provide payment including applicable VAT in USD as mentioned above within 30 days of receipt of invoice from The Transplantation Society.

2. We agree that space assigned to us shall be accepted by us, and we agree to accept reassignment, if necessary.

3. We have reviewed and agree to abide by the official Exhibition General Terms and Conditions of the Congress and the venue IFEMA – Feria de Madrid.