



Chinese American Medical Society
 CAMS 2019 Annual Conference
 Pier 60 Chelsea Piers | New York, NY
 November 2, 2019
2019 CAMS EXHIBITOR HALL
APPLICATION & CONTRACT FOR EXHIBIT SPACE

**DEADLINE TO REGISTER IS
 FRIDAY 10/1/2019**

Company _____
 Address _____
 City _____ State _____ Zip/Postal Code _____
 Logistics Contact Name _____
 Title _____
 Phone _____ Fax _____
 E-Mail _____

EXHIBIT PACKAGE

- Standard Exhibitor \$1,500.00 Day Only, Single 6ft x 2.5ft table with linens, 2 chairs, 2 exhibitor badges
- Event Exhibitor \$3,900.00 Day & Evening, Single 6ft x 2.5ft table with linens, 2 chairs, 2 exhibitor badges, 4 for evening session.
- Premier Exhibitor \$6,600.00 Day & Evening Two 6ft x 2.5ft table with linens, 4 chairs, 4 exhibitor badges 6 for evening session.
- Additional Exhibitor Badges \$210.00 per badge | Number of Additional Badges Required: _____
- Electrical Access: 20 Circuit Amp \$235.00
- Electrical Access: 60 Circuit Amp \$900.00

Please briefly describe the types of products or services to be displayed or promoted in your booth.

- We, the Abovesigned Company understand that Exhibitors are responsible for the setup and tear down of all Exhibitor Booths contracted by our company and that we are responsible for taking any and all unused materials with us at the end of the day.
- We, the Abovesigned Company, have read and agreed to the terms for the Event Exhibitor delivery & set up as provided to us in the Event Exhibitor Packet for the 2019 CAMS Annual Scientific Conference.
- We, the Abovesigned Company, agree to the terms and conditions of the exhibition space sponsorship for the CAMS 2019 Annual Scientific Conference to be held on Saturday November 2, 2019 at Pier 60 Chelsea Piers in New York, NY.
- We, the Abovesigned Company, understand that our booth is not guaranteed without receipt of a signed Event Exhibitor Agreement and payment is received in full by the CAMS Office before October 25, 2019.
- We will participate in the Exhibitor Passport Program (Deadline to Register is 10/1/2019)

Company _____
 Authorized Signature _____

PAYMENT

All payments must be received in full by October 25, 2019

MAIL TO: CHINESE AMERICAN MEDICAL SOCIETY 11 E Broadway Unit 4C New York, NY 10038

FORM OF PAYMENT

- Check Enclosed (Please make check payable to Chinese American Medical Society.)
 - I authorize Chinese American Medical Society to charge \$_____ to my Visa Mastercard AMEX
- Card Number _____
 Authorized Signature _____
 Card Holder's Name _____
 Billing Zip Code _____ CVV _____