

MMTC2137

Company: _____ Contact Name: _____

Dr. Mr. Mrs. Ms. Prof. _____ Title: _____

Division: _____ Address City/State/Zip: _____

Tel: _____ Email: _____ Web: _____

Contact for Logistics (if different from above) _____ Email: _____

EXHIBITOR BENEFITS

- Branding
- Company Description
- Product & Service Tags (searchable via product directory)
- Videos & Downloadable Files to Highlight Products & Services
- Booth Personnel – Contacting booth personnel will be available live (if they are present), by scheduling a video call, or by inquiring with an attendees' email address provided (virtual business card exchange)
- Networking Options: Matchmaking, create a favorite list, send a message, request 1:1 meetings
- Advanced Analytics (details about booth visitors, time spent visiting booth & products)
- TWO registrations to virtual scientific sessions
- TWO booth-only registrations
- Additional main conference registrations available at a discount for your staff - limited to 5

Virtual Exhibit Space:

\$3,500

+\$1,119 Additional Registration(s) to Virtual Scientific Sessions X _____ (no. of delegates) = \$ _____

Total Exhibit Fee: \$ _____

PAYMENT METHOD:

Enclosed is a check or money order payable to Cambridge Healthtech Institute drawn on an U.S. Bank in U.S. Currency.

Charge to credit card (check one): Visa MasterCard American Express

Card Holders Name: _____ Signature: _____

Card #: _____ Exp. Date: _____

Charge deposit only Charge entire exhibit cost **Note: If neither is checked, you will be charged the entire cost**
(Remaining balance will be charged to credit card per terms stated on forthcoming invoice)

PAYMENT AND CANCELLATION TERMS:

- A non-refundable deposit of \$1,500 must be paid within 30 days of the contract date.
- The balance must be paid in full within 90 days of the contract date.
- Cancellations in writing or email received prior to September 30, 2020 are subject to a 50% cancellation fee, 100% applies on or after September 30, 2020

SIGNATURE:

Signature required: I, (print name) _____, have read the payment and cancellation terms of this contract (above) and agree to the terms stated above. I understand that this contract is legally binding between CHI and my company. I am authorized to approve the terms of this contract.

Authorized Signature: _____ Email: _____ Date: _____

Please return to:

Jon Stroup | Senior Manager, Business Development
781-972-5483
jstroup@healthtech.com