

Friday, October 4, 2019 | The Cosmos Club | Washington, DC

EXHIBITOR APPLICATION

COMPANY NAME

COMPANY ADDRESS

CITY

STATE

ZIP CODE

WEBSITE

COMPANY CONTACT

TITLE

EMAIL

PHONE

CELL PHONE

FAX

AUTHORIZED SIGNATURE

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract. Insert digital signature or print and fax.

NAME OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

STREET ADDRESS OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

CITY

STATE

ZIP CODE

PAYMENT INFORMATION

Amount (in US dollars): \$ 3,000

MAIL PAYMENT TO
 MedStar Washington Hospital Center
 Attention: Debbie F. Schapiro
 110 Irving Street, NW, Suite 6B4
 Washington, DC 20010
TERMS AND CONDITIONS OF PAYMENT
 Application will not be deemed complete until full payment of booth fee is received. Applications submitted without full payment will not be processed. Please make checks payable to:
 MedStar Washington Hospital Center (Tax ID #52-1272129)

We hereby apply for exhibit space for our use at the conference identified. We understand that this application becomes a contract when signed by us and accepted by MWHC.

CANCELLATION POLICY

In the event that an exhibitor cancels all or part of the contracted exhibit space, the exhibitor must do so in writing and will be obligated to pay MWHC fees based on the following schedule: Before September 10, 2019, 50% of exhibit fee refunded. No refunds will be given after September 10, 2019.

Each badge entitles the exhibitor to admittance to all sessions.

By submitting this application we hereby agree to the terms and conditions.

SUBMIT**RESET****Questions?**
 Please call **Debbie Schapiro** at
(202) 877-7998 or email at **Debbie.F.Schapiro@MedStar.net**