



Friday, October 10, 2025 | The Cosmos Club | Washington, DC

EXHIBITOR APPLICATION

COMPANY NAME			
COMPANY ADDRESS			
CITY	STATE	ZIP CODE	_
WEBSITE			_
COMPANY CONTACT	TITLE	EMAIL	
		EWAIL	_
PHONE	CELL PHONE	FAX	
AUTHORIZED SIGNATURE By signing above, the individual signing this con	ntract represents and warrants that he/she is duly authorized	to execute this binding contract. Insert digital signature or print and f	ax
NAME OF CORRESPONDENCE AND B	ILLING CONTACT (If other than signer)		_
STREET ADDRESS OF CORRESPOND	ENCE AND BILLING CONTACT (If other than signer)	_
CITY	STATE	ZIP CODE	_

PAYMENT INFORMATION Amount (in US dollars):

Premium - \$10,000 Standard - \$7,500

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 unitl 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 indentified. 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 5, 2025, 50% of exhibit fee refunded. No refunds will be given after September 5, 2025.

Each badge entitles the exhibitor to admittance to all sessions.

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

Questions?

Please email Andrew Stowell at Andrew.M.Stowell@MedStar.net.



