

PREMIER EXHIBITOR APPLICATION

Contract for **BOTH** 2024 Conferences (W and F) at one time.

2024 WINTER 28 Jan. – 1 Feb. | Exhibits: 29-31 Jan.

2024 FALL 15-19 Sept. | Exhibits: 16-18 Sept.

Prices are listed in U.S. dollars and are subject to change.

Please review the *2024 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract* at bicsi.org/marketing.

Please indicate your desired booth size for each conference. Total booth price: Rate/Net Square Foot; 10'x10' increments.

ON-SITE RATES: RECEIVED BY 31 MARCH 2023.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 24 and	\$55.00/per ft ²			
	Fall 24	\$55.00/per ft ²			

EARLY BIRD RATES: RECEIVED AFTER 31 MARCH 2023 AND BY 29 SEPTEMBER 2023.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 24 and	\$60.25/per ft ²			
	Fall 24	\$60.25/per ft ²			

REGULAR RATES: RECEIVED AFTER 29 SEPTEMBER 2023.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
	Winter 24 and	\$64.50/per ft ²			
	Fall 24	\$64.50/per ft ²			

- Onsite Rates:** Received by 31 March 2023.
- Early Bird Rates:** Received after 31 March 2023 and by 29 September 2023.
- Regular Rates:** Received after 29 September 2023.

Please contact the BICSI Sales Department for the number of Exhibitor Representatives and Exhibit Hall passes allotted for each booth size, and the word count for exhibitor descriptions in the conference program. Email: cnalls@bicsi.org; Tel: +1 813.769.1842 or 800.242.7405 (USA & Canada toll-free).

CONTACT INFORMATION (please type or print clearly)

Full company name (as you would like it to appear)

Order date

BICSI Corporate Member? Alliance Elite Elite Plus

Address

City

State/Province

Zip/Postal code

Country

Website

Company phone number

Company toll-free number

PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Title

Authorized Signature

Work number

Mobile number

Email

SECONDARY CONTACT

Title

Work number

Mobile number

Email

CONTACT BICSI Mail or fax this form to: BICSI, Attn: Courtney Nalls, 8610 Hidden River Parkway, Tampa, Florida 33637-1000 USA

Fax: +1 813.971.0286; Phone: 800.242.7405 (USA & Canada toll-free) or +1 813.769.1842; Email: cnalls@bicsi.org; Web: bicsi.org

WE AGREE UNCONDITIONALLY TO THE FOLLOWING TERMS:

1. If signing up by 31 March 2023, a 25% non-refundable deposit for each show is required. Remaining balances are due: Winter, by 29 September 2023; Fall, by 3 May 2024. If signing up after 31 March 2023, a 100% payment is due for Winter; 50% non-refundable deposit for Fall; Remaining balances are due on dates listed above or full payment is due if the dates listed above have passed. 2. Booth assignments will be made using a lottery system for all applications received and paid in full by the Early Bird deadline. After the deadline, assignments will be made on a first-come, first-served basis. 3. We understand, agree to, and will abide by the terms and conditions outlined in the 2024 BICSI Conference & Exhibition Rules and Regulations AND the Exhibitor Contract found in the 2024 BICSI Exhibitor Prospectus.

Exhibiting companies agree to maintain such insurance that will fully protect BICSI from any and all claims of any nature whatsoever, including claims under the Worker's Compensation Act, and for personal injury, including death which may arise in connection with the installation, operation, or dismantling of the exhibitor's display. Exhibiting companies are required to add on to their existing insurance portal-to-portal rider at a nominal cost, protecting them against the loss damage to their materials by fire, theft, accident, or other related loss.

Authorized signature

Title

Date

BICSI CARES CONTRIBUTION

Would you like to make a tax deductible corporate donation to the BICSI Cares charity being supported at the conference(s)? If so, please check for which conference(s) and include your donation amount. Charity details will be posted to the conference website once a charity has been selected.

Winter Donation \$ _____ Fall Donation \$ _____ Please contact me with more information.

Authorized signature _____

Date _____

PAYMENT SECTION Please submit front and back of this form for processing.

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.)

For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

+ Winter \$ _____

+ Fall \$ _____

= Total \$ _____

Check or Money Order Visa MasterCard American Express Discover

Cardholder name (as it appears on the credit card)

Cardholder signature

Credit card number

Expiration date

CVV

Billing zip code
(required)