EXHIBIT CONTRACT

45th Annual Legislative Conference
September 16-20, 2015
Washington, D.C. Convention Center: Hall E

Exhibit Showcase: September 17 - 19
Thursday 12 p.m. – 7 p.m. | Friday 9 a.m. – 6 p.m. | Saturday 8 a.m. – 1 p.m.

Contract Deadline: August 14, 2015

Submit to: ALC 15 Exhibits Attn: Meetings and Events| Congressional Black Caucus Foundation | 1720 Massachusetts Avenue, NW, Washington, DC 20036
Fax: (202) 263-0848 | Web site: www.cbcfinc.org | Questions: (202) 263-5715 or exhibits@cbcfinc.org

As exhibitor, I/we hereby agree to the rules and regulations of the Congressional Black Caucus Foundation, Inc. (CBCF) exhibit showcase as set forth in this contract and terms and conditions document, all of which are made a part thereof, and request an exhibit space for my/our own use. In consideration for the use of exhibit space, the exhibitor agrees to pay the designated booth fee as indicated below.

PAYMENT POLICY AND SCHEDULE
Exhibit space and location will be confirmed upon receipt of signed contract and FULL PAYMENT for the total cost of exhibit space. CBCF will not accept contracts without full payment. Exhibit booth fees are tax-deductable to the extent allowed by law.

CANCELLATION POLICY
August 11 is the last day to cancel exhibit space and receive a refund less a $50 administrative processing fee. Cancellations made after 5:00 PM EST on August 11, will be processed without refund. For cancellations eligible for refund, CBCF will issue refunds within 30 days of the conclusion of ALC. Cancellations will only be accepted in writing. Phone and faxed cancellation requests cannot be accepted. Cancellation requests must be sent to exhibits@cbcfinc.org.

I. EXHIBITING COMPANY INFORMATION
Print in ink or type □ First-time ALC Exhibitor? If not, year last exhibited at ALC

Company/Organization Name: (As it should appear on the Exhibit Identification Sign)

EXHIBITOR CONTACT INFORMATION (Exhibitor contact will receive all correspondence relating to the exhibition)

Print in ink or type

Contact Person:

Street Address: _____________________________________________________ City: _________________________________ State: ______ Zip: _________ Country: ____________

Telephone: ( ) ______________________ Fax: ( ) ______________________ E-mail: ______________________ Web: www.

Note: Please be sure your SPAM filter is set to allow e-mail communications from exhibits@cbcfinc.org.

II. EXHIBIT RATES
See the Contract Terms and Conditions for complete specifications and details. Please check the appropriate box.

Corporation Booth Size _________

Tier 1: In-Line Booth Pricing
$37.50 per square foot – 100 square feet (e.g., 10’x10’)
$25.00 per square foot – 200 square feet or more (e.g., 10’x20’, 10’x30’)

Tier 2: Island Booths - $22.00 per square foot (e.g, 20’x20’, 30’x30’)

20’ x 20’ ________________________ $8,800.00
20’ x 30’ ________________________ $13,200.00
30’ x 30’ ________________________ $19,800.00
40’ x 40’ ________________________ $32,800.00
40’ x 50’ ________________________ $44,000.00
50’ x 50’ ________________________ $55,000.00

Government [$20.00 per Square Foot] $20.00 per Square Foot
Corridor booth surcharge: Add 10 percent per 10’x10’ corner booth
Check here for Corridor Booth

Marketplace Vendor1 $10.00 per Square Foot
Small Business2 and Non-Profit3 $9.00 per Square Foot
1 Marketplace Vendors: The sale of merchandise is only allowed in the Marketplace Pavilion.
2 Small Business is defined as an organization grossing less than $500,000 annually and not selling merchandise.
3 Non-Profit: Include a copy of IRS 501(c)(3) Determination Letter.
The selling of raffle tickets for prizes is not allowed on the Showcase floor

Career and Job Fair $22.00 per Square Foot

Corporation Booth Size _________

$22.00 per Square Foot

Career and Job Fair $22.00 per Square Foot

SPONSORSHIP
□ Yes, I am a sponsor and have completed and sent payment with the SPONSORSHIP PACKAGE.

III. EXHIBIT PLACEMENT
Place my company in the following Pavilion: □ Career & Job Diversity □ Enterprise □ Global Travel □ Health, Beauty, and Wellness □ Marketplace

NOTE: Pavilion configuration is based on total number of exhibitors in that space. CBCF reserves the right to add or eliminate pavilions based on the final composition of exhibiting companies.

IV. PAYMENT INFORMATION
Make checks payable to: Congressional Black Caucus Foundation, Inc. Payment must accompany exhibit contract.

Check or Money Order □ Visa □ MasterCard □ American Express □ Purchase Order Number (Govt. Only - Purchase order must accompany contract)

Total Due: $ ______________________ CBCF Inc. reserves the right to charge correct amount due if listed incorrectly in “Total due” column.

Card #: ______________________ Expiration: / Security Code: ______________________

Name as it appears on Card: ______________________ Authorized Signature: ______________________

V. AGREEMENT
I, the undersigned, have full authority to sign and make application for EXHIBIT SPACE at the Congressional Black Caucus Foundation’s 44th Annual Legislative Conference Exhibit Showcase, September 17-19, 2015. I am an authorized representative of the company with full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all terms and conditions of the exposition as well as those adopted after publication of this contract and prospectus. CBCF will require a credit authorization form if the exhibiting company/name does not match the credit card.

Authorized Signature: ______________________ Name (print in ink or type): ______________________ Title: ______________________ Date: ______________________

2013 PRIORITY POINTS: ______________________ 2014 PRIORITY POINTS EARNED: ______________________

Date Received: ______________________ Payment Amount: $ ______________________ Exhibit Assignment(s): ______________________ Date Confirmed: ______________________

CBCF USE ONLY – PLEASE DO NOT WRITE IN THIS SPACE