2019 EXHIBIT APPLICATION and CONTRACT FOR EXHIBIT SPACE

PLEASE RESERVE EXHIBIT SPACE for the company listed below at the 2019 AA-TOD Conference to be held at *Disney's Coronado Springs Resort*. This application INDIVIDUAL SPONSORSHIP ITEMS: becomes valid only after being signed by Exhibitor and a confirmation of space has been issued with a receipt of deposit acknowledged by Show Management. Item TOTAL SPONSORSHIP COST COMPANY NAME (Print name as you wish it to appear in the Final Program and Company I.D. sign.) **INSTALL & DESIGN COMPANY** STREET ADDRESS ☐ YES, my company will be utilizing an I&D Company. **Important**: We are enclosing with this application a deposit of 50% of the total booth price or sponsorship for each requested. We agree to pay the balance before July 1, 2019. Your signature COUNTRY on this form allows AATOD to retain your credit card number in the file for an automatic debit in the amount of the total balance due on July 1, 2019. If you do not want this credit card to be charged, your check for the balance due must be received before July 1, 2019. CONTACT PERSON TOTAL BOOTH & SPONSORSHIP PRICE PHONE 50% DEPOSIT DUE E-MAIL *No booths will be assigned without the required 50% deposit Cancellation Policy: Exhibitors shall give written notice of cancellation. It is agreed that A) WEBSITE if a company cancels its space 90 days or more prior to the opening date of the meeting, the deposit shall be retained. B) If a company cancels its space less than 90 days prior to the Is this your first time exhibiting at the AATOD Conference? \square Yes \square No opening date of the meeting, the company will be responsible for paying the entire booth cost and EXHIBIT MANAGEMENT reserves the right to re-sell space. **BOOTH PRICING (per 10' x 10' space)** PLEASE MAKE CHECKS PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK TO: Applications with check received on or before April 19, 2019 American Association for the Treatment of Opioid Dependence 2019 Conference \$2.050.00 Technical/Corporate Rate corner booth (AATOD) ☐ \$1,900.00 Technical/Corporate Rate inline booth Send payments to: AATOD Exhibits ☐ \$1,200.00 Non-Profit Rate Talley Management Group, Inc. Applications with check received after April 19, 2019 19 Mantua Road, Mount Royal, NJ 08061 □ \$2,250.00 Technical/Corporate Rate corner booth Credit Card Payment: ☐ Visa ☐ MasterCard ☐ American Express □ \$2,100.00 Technical/Corporate Rate inline booth Please provide credit card number and expiration date below. ☐ \$1.350.00 Non-Profit Rate Cardholder (please print): ____ TOTAL BOOTH COST: Amount: \$_____ Authorized Signature: _____ AATOD will provide a booth ID sign for all exhibiting companies. All furniture is the responsibility of the individual exhibitor. AATOD will not provide any tables, chairs, carpet, or Rules and regulations for exhibitors listed on page 10 are an integral part of this electricity, however the exhibit hall is carpeted. contract. It is understood by the undersigned that the 2019 American Association for the Treatment of Opioid Dependence Conference rules and regulations for PREFERRED LOCATION* Disney's Coronado Springs Resort govern all exhibit activities. __ 4) ____ ____ 5) ___ __ 3) ____ It is understood that the exhibitor is responsible for daily cleaning of their booth *Exhibit Management reserves the right to alter the floor plan and/or assign any exhibit location if deemed and will make arrangements with the General Service Contractor. Any exhibitor necessary for the good of the show at any time. that has not ordered cleaning for the opening day will have their booth cleaned to present an attractive appearance. The cost will be charged to the exhibitor. \square We prefer that our exhibit *not* be located next to the following companies: Signed and accepted by AUTHORIZED AGENT of Exhibitor: Please address all communications regarding exhibits to: Signed and accepted by Exhibit Management: **AATOD Exhibits** Talley Management Group, Inc. 19 Mantua Rd, Mt. Royal, NJ 08061-1006 Phone (856) 423-3091 opt 3 **OFFICE USE ONLY** SPONSORSHIP LEVEL: Email exhibits@aatod.org Check # _____ Amount \$____ ☐ Platinum ☐ Gold ☐ Silver ☐ Bronze CC Authorization # **Credit Card Information** CARD NUMBER EXPIRATION DATE

SPONSORSHIP OPPORTUNITIES