

EXHIBITOR AGREEMENT



EXHIBITOR INFORMATION – List company name EXACTLY as you wish it to appear on all lists, mailings, promotional materials, etc.

Company Name: _____

Mailing Address: _____

**Caribe Royale All-Suite Hotel and
Convention Center
Orlando, FL
Exhibit Dates: November 7 & 8, 2018**

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Street Address (If PO Box is used above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Website Address: _____

PRIMARY CONTACT PERSON REGARDING SHOW INFORMATION

First Name: _____ Last Name: _____ Title: _____

Street Address (If PO Box is used above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Direct Email: _____

EXHIBIT SPACE RATES:

Non-Advertiser: \$20.50 per sq. Foot \$ 2,050 Per 10' x 10'
6x iP Advertiser: \$18.50 per sq. Foot \$ 1,850 Per 10' x 10'

- Booth includes tabletop, chairs and signage.
- Exhibitors are included in all conference functions (i.e., reception, breakfasts, and lunches)

Each 10'-x-10' booth is limited to 2 badges.
Additional badges may be purchased for \$350 per person.

PAYMENT INFORMATION:

Make Checks Payable to: UTILITY BUSINESS MEDIA, INC. and remit payment with signed agreement to:
360 Memorial Drive, Suite 10, Crystal Lake, IL 60014.

Credit Card Payment: Submit the attached credit card authorization form along with your signed exhibit agreement.

Phone: 815-459-1796 **Email:** melissa@utilitybusinessmedia.com **Fax:** 847-620-0662

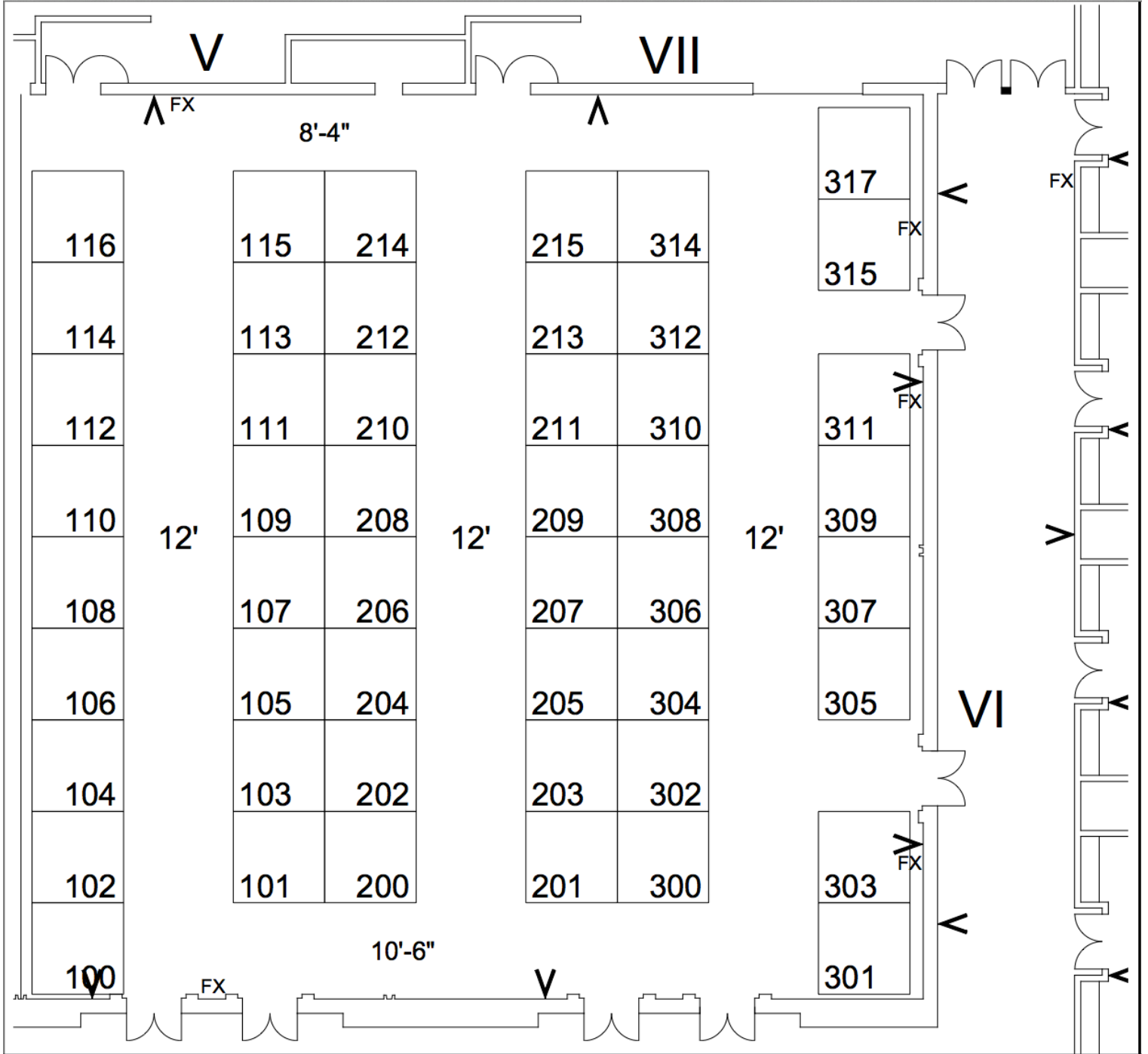
ACCEPTANCE – We the undersigned, hereby apply for a license to use iP Utility Safety Expo exhibit space. All iP Utility Safety Conference & Expo exhibit rules will apply. We understand that upon acceptance, this application becomes a contract upon terms and conditions mutually agreed to by the parties. In making this application, we agree to exhibit under and comply with the iP Utility Safety Conference & Expo Rules and Regulations and any amendments thereto, and the terms in all space assignment letters sent to us, all of which are made a part of this agreement. This agreement shall bind the parties hereto, and their respective permitted successors and assigns. For Rules and Regulations visit www.incident-prevention.com

By participating in the iP Utility Safety Conference & Expo, I grant Utility Business Media, Inc. the right to take photographs or video during the course of this event that may include images of booth personnel or audio. I authorize Utility Business Media to use these images and audio for the purposes of publicity, education, marketing and web content.

Exhibitor Signature: _____ Title: _____ Date: _____

Accepted by Show Management: _____ Date: _____

Exhibit Dates: November 7& 8, 2018





360 Memorial drive, Suite 10
Crystal Lake, IL 60014
815.459.1796

One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **UTILITY BUSINESS MEDIA, INC.** to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize **UTILITY BUSINESS MEDIA, INC.** to charge my
credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.