

MSACL 2015 US - Exhibitor Application and Contract

Exhibits: March 29, 30, 31 (Sun Mon Tue)

View specific show hours and set-up and breakdown times in the Instructions at

https://www.msacl.org/index.php?header=MSACL_2015_US&tab=For_Vendors&subtab=Exhibits

Company [EXHIBITOR]:		
Exhibit Contact Name:	Email:	
Billing Address:	Tel:	
	Fax:	
FOR CORPORATE SPONSORS ONLY:		
Exhibit Booth Location Preference:: Select up to three booth numbers # _____ # _____ # _____ (NOT GUARANTEED)		
List any exhibitor(s) you wish to be near:		
List any exhibitor(s) you do not wish to be near:		
Product/Service Description: You will be notified on how to submit ONLINE following application acceptance.		
<p style="text-align: center;">Before/On August 01, 2014</p> <p><input type="checkbox"/> 1 Booth \$5,000 (8x10 ft)</p> <p><input type="checkbox"/> 2 Booths \$10,000 (8x20 ft)</p> <p style="text-align: center;"><i>All Booths are Inline</i></p>	<p style="text-align: center;">After August 01, 2014</p> <p><input type="checkbox"/> 1 Booth \$5,500 (8x10 ft)</p> <p><input type="checkbox"/> 2 Booths \$11,000 (8x20 ft)</p> <p style="text-align: center;"><i>All Booths are Inline</i></p>	<p>EXHIBITOR hereby assumes entire responsibility and hereby agrees to protect, defend, indemnify and save Hotel, its owners, its operator, Starwood Hotels & Resorts Worldwide, Inc., and each of their respective parents, subsidiaries, affiliates, employees, officers, directors, and agents harmless against all claims, losses or damages to persons or property, governmental charges or fines and attorney's fees arising out of or caused by its installation, removal, maintenance, occupancy or use of the exhibition premises or a part thereof, excluding any such liability caused by the sole gross negligence of Hotel and its employees and agents. EXHIBITOR shall obtain and keep in force during the term of the installation and use of the exhibit premises, policies of Comprehensive General Liability Insurance and Contractual Liability Insurance, insuring and specifically referring to the Contractual liability set forth in this Exhibit, in an amount not less than \$2,000,000 Combined Single Limit for personal injury and property damage. Hotel, its owners, its operator, and Starwood Hotels & Resorts Worldwide, Inc. shall be included in such policies as additional named insureds. In addition, EXHIBITOR acknowledges that neither Hotel, its owners, its operator, nor Starwood Hotels & Resorts Worldwide, Inc. maintain insurance covering exhibitor's property and that it is the sole responsibility of EXHIBITOR to obtain business interruption and property damage insurance insuring any losses by EXHIBITOR. A \$5000 fee will be charged if Exhibitor dismantles or abandons exhibit prior to the close of the Exhibition.</p> <p>Signature/Date: REQUIRED TO SIGN HERE</p>
<p>Payment is by Check or Credit Card (CC) or Bank Transfer.</p> <p><input type="checkbox"/> If paying by CC complete Authorization below.</p> <p><input type="checkbox"/> If paying by Check, make payable to "MSACL".</p> <p><input type="checkbox"/> If paying by Bank Transfer, contact Chris Herold (see below).</p> <p><input type="checkbox"/> If part of Corporate Sponsorship Package.</p>		
<p>Amount Authorized: \$ _____ Name on CC: _____</p> <p>Email: _____ Phone: _____</p> <p>I authorize MSACL to charge the credit card listed for the amount listed. Signature: SIGN HERE FOR CC Purchase</p> <p>CC Authorization: <input type="checkbox"/>MC <input type="checkbox"/>VISA <input type="checkbox"/>AMEX Credit Card #: _____ Exp Date: _____</p>		

Questions: 858-922-5813
 Fax to: 858-876-1873
 Email to: chris.herold@msacl.org

Mail to: MSACL
 205 12th St
 Del Mar, CA 92014