

MSACL 2016 US - Exhibitor Application and Contract

Exhibits: February 22, 23, 23 (Mon Tue Wed)

View specific show hours and set-up and breakdown times at msacl.org under "For Vendors > Exhibits"

Company [EXHIBITOR]:	Contact Name:	
Billing Address:	Email:	
	Tel:	
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>Before/On October 21, 2015</p> <p><input type="checkbox"/> 1 Booth \$5,500 (8x10 ft)</p> <p><input type="checkbox"/> 2 Booths \$11,000 (8x20 ft)</p> <p><input type="checkbox"/> Sponsor Discount to \$ _____</p> <p style="text-align: center;"><i>All Booths are Inline</i></p>	<p>After October 21, 2015</p> <p><input type="checkbox"/> 1 Booth \$6,000 (8x10 ft)</p> <p><input type="checkbox"/> 2 Booths \$12,000 (8x20 ft)</p> <p><input type="checkbox"/> Sponsor Discount to \$ _____</p> <p style="text-align: center;"><i>All Booths are Inline</i></p>	<p>Exhibitor Agrees to the following as part of this contract:</p> <p>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 an amount not less than \$1,000,000 Combined Single Limit for personal injury and property damage. MSACL shall be included in such policies as additional named insureds. In addition, EXHIBITOR acknowledges that MSACL does not 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.</p> <p>Additionally, it should be noted that a \$5000 fee will be charged to the Exhibitor if Exhibitor dismantles or abandons exhibit prior to the close of the Exhibition.</p> <p>Signature/Date: REQUIRED TO SIGN HERE <i>[submission via email constitutes signing]</i></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, you will receive transfer info on your invoice following submission of this application.</p>		
Amount Authorized: \$ _____ Name on CC: _____		
Email: _____ Phone: _____		
I authorize MSACL to charge the credit card listed for the amount listed. Signature: SIGN HERE FOR CC Purchase		
CC Authorization: <input type="checkbox"/> MC <input type="checkbox"/> VISA <input type="checkbox"/> AMEX Credit Card #: _____ Exp Date: _____		

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