

IBBA Trade Fair Exhibitor Application & Contract

November 18-19, 2010 • Las Vegas, NV



Complete all sections of this application and return with full payment to: IBBA® Headquarters, 4365 Paysphere Circle, Chicago, IL 60674; Fax: 312.644.0575. If you need additional information, please contact IBBA Headquarters Staff at sales@ibba.org.

Company Name _____

Primary Contact Name _____ Title _____

Will the primary contact be attending the Trade Fair? Yes No If no, who will receive conference registration? _____

Company Address _____

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

Phone _____ Fax _____

E-mail _____ Web site _____

Products or Service Exhibited _____

Additional Attendee

\$250 charge for each additional person. You must submit all additional attendee names with payment.

Name _____

Address (if different from above) _____

Phone _____ Fax _____ E-mail _____

Name _____

Address (if different from above) _____

Phone _____ Fax _____ E-mail _____

Location Preference

Please list companies you would prefer not to be adjacent to:

1. _____ 2. _____ 3. _____

Exhibitor Fees*

November 2010	On or before August 13, 2010	After August 13, 2010	Quantity	Total
Regular Booth	<input type="checkbox"/> \$995	<input type="checkbox"/> \$1,395	X	
Additional Attendee	<input type="checkbox"/> \$250	<input type="checkbox"/> \$250	X	
Grand Total				

*Prices subject to change

Payment Information

Return this application with full payment to:
IBBA, 4365 Paysphere Circle, Chicago, IL 60674.
Credit card payments may be sent via fax to 312.644.0575; Attn: IBBA Sales.

Check (Made payable to IBBA)
 VISA MasterCard American Express

Amount Due \$ _____

Credit Card # _____ Exp. Date _____

Cardholder's Name _____

Signature (authorizes payment) _____

IMPORTANT NOTICE

Upon signing of this Application & Contract, the Exhibitor acknowledges that they have read, understand and will abide by the Rules & Regulations for the 2010 IBBA Trade Fair, which are a part of this contract and will comply with all conditions under which the event space at the event facility is leased to IBBA. Exhibitor may not cancel booth after acceptance by IBBA, except for breach of this contract by IBBA. No refunds will be given. A 100% cancellation fee applies. All cancellations must be directed in writing to: IBBA, 401 N. Michigan Ave., Suite 2200, Chicago, IL 60611; E-mail: sales@ibba.org.

Signature _____ Date _____