



## **EXHIBIT CONTRACT**

## **COMPANY INFORMATION**

COMPANY MARE							
COMPANY NAME							
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			TITLE				
CONTACT			TITLE				
ADDRESS							
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CITY PROV./STATE  CITY PROV./STATE			COUNTRY				
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POSTAL CODE							
POSTAL CODE	L CODE TELEPHONE (Country Code - Area Code - Number)			FAX (Country Code - Area Code - Number)			
EMAIL							
EMAIL							
WEBSITE							
WEBSITE							
WHERE DID YOU LEARN OF	THE SIU CONGRESS?						
EXHIBIT PLANNER NAME							
TITLE							
TITLE							
TELEPHONE (Country Code - Area Code - Number)				FAX (Country Code - Area Code - Number)			
TELEPHONE (Country Code - Area Code - Number)				FAX (Country Code - Area Code - Number)			
EMAIL							
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EWW WE							
WE HEREBY APPLY TO T	THE SIU FOR EXHIBIT SPACE AT	THE VIRTUAL CONGRESS.					
PAYMENT							
Virtual Exhibit B	ooth €2,000						
PAYMENT OPT	IONS						
CREDIT CARD	Visa MasterCard	INVOICE	CARDHOLDER BILLING A	SIGNATURE By signing this form, you authoriz	e SIU to charge your card for the amount listed al	bove +3.5% merchant processing costs.	
CAPDIOLDED NAME			ADDRESS				
CARDHOLDER NAME		/	ADDRESS				
CREDIT CARD NUMBER		EXPIRY DATE – MM/YY CVV	CITY		COUNTRY	POSTAL CODE	



## **CONDITIONS OF CONTRACT**

The company information provided on the exhibit contract will be used for the Congress website. Please be sure to print or type clearly.

An Exhibitor Manual with all order forms will be available on our website, www.siucongress.org

The Exhibitor agrees to abide by all rules and regulations adopted by SIU in the best interest of the Congress, and agrees that SIU shall have the final decision in adopting any rule or regulation deemed necessary prior to, during, and after the exhibit.

The Exhibitor agrees to confine his presentation to the contracted booth only, and maintain staff in his booth space during exhibit hours.

Upon signature of this contract, the Exhibitor agrees to all conditions stated above.



## SIU CENTRAL OFFICE