

For Biotech 2010 Use Only

Booth Space Number(s) _____
 Date Paid _____ Total Fee Paid _____
 Method of Payment _____

EXHIBIT APPLICATION AND CONTRACT

COMPANY/ORGANIZATION NAME for promotional material purposes _____

Are you a BioNJ Member? Yes Are you a DE Bio Member? Yes Are you a PA Bio Member? Yes

CONTACT PERSON (This person receives all exhibit-related communication and provides exhibit personnel names.)

First Name _____ MI _____ Last Name _____ Title _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Phone _____ Fax _____ E-mail _____

Website _____ Signature _____

EXHIBIT FEES PER 8' x 8' BOOTH

	By 9/17/10	After 9/17/10
BioNJ, DE Bio, PA Bio Member	\$1,750	\$2,000
Non-Member	\$2,300	\$2,600

Exhibit Schedule:

Wednesday, October 27, 2010; 1:45PM– 9:00PM

EXHIBIT BOOTH INCLUDES: **

- One (1) draped table
- Back draped wall
- Side draped rails
- One (1) conference registration
(Additional badges for the exhibit hall & Wed. dinner are \$400.00 each)
- Two (2) chairs
- One (1) wastebasket
- One (1) identification sign
- Company listing in program
(Deadline for inclusion- 9/15)

Booth Assignments:

- All Biotech 2010 Key, Diamond, Platinum, and Gold sponsors receive exhibit booth assignment preference.
- All other exhibit space will be assigned based on schedule below

****Exhibitors are responsible for ordering electricity/internet/phone for their booth. Information and forms will be available in the Exhibitor Package during the registration process.**

PAYMENT INFORMATION

Number of 8' x 8' Booths Requested _____ Total Booth Cost \$ _____

Check one (Payment in full is due with exhibit application):

- Check: Payment in the form of a check should be payable to Biotech 2010 and drawn on a US Bank in US Funds.
 Credit Card (Check one)* VISA American Express MasterCard

Card Number _____

Expiration ____/____

Name on Credit Card (PLEASE PRINT) _____

Signature _____

Check if billing address is the same as mailing address above

Billing Address _____

City _____ State _____ Postal Code _____ Country _____

* Credit card information will not be processed until exhibitor space has been assigned.

CANCELLATION POLICY

Cancellations must be submitted to Biotech 2010 in writing by Wednesday, September 29 to receive a refund of 50% of the total booth price. Refunds are not available after Thursday, September 30.

TERMS & CONDITIONS

By signing this exhibitor agreement, you acknowledge that you have authorization to commit your firm to this opportunity. In addition, you confirm that a company representative will be available in the booth during the posted exhibit hours. Any company arriving after set-up hours will not be allowed to exhibit and payment will not be returned. Member companies will be assigned priority exhibit space through September 17, 2010. After September 17, non-member companies that are paid in full will be assigned exhibit space. Applications received without appropriate payment are not processed. Biotech 2010 makes every attempt to accommodate your exhibit configuration and location.

Return completed application to the address below:

**Biotech 2010
 788 North 25th Street
 Philadelphia, PA 19130**

Phone: 800.273.0369 • Fax: 800.974.3075

E-mail: exhibit@biotech2010.org

Web site: www.biotech2010.org

Authorized Signature _____ Date _____

Print Name _____