2021 EXHIBIT APPLICATION AND CONTRACT FOR EXHIBIT SPACE

PLEASE RESERVE EXHIBIT SPACE for the company listed below at the 2021 AATOD Conference to be held at The Venetian, Las Vegas. This application becomes valid only after being signed by Exhibitor and a confirmation of space has been issued with a receipt of deposit acknowledged by Show Management.

COMPANY NAME (Print name as you wish it to appear in the Final Program and Company I.D. sign.)

STREET ADDRESS

CITY ST ZIP

COUNTRY

CONTACT PERSON

PHONE FAX

E-MAIL

WEBSITE

Is this your first time exhibiting at the AATOD Conference? ☐ Yes ☐ No

BOOTH PRICING (per 10' x 10' space)

Applications with check received ***on or before November 30, 2020***

☐ $2,050.00 Technical/Corporate Rate corner booth _____

☐ $1,900.00 Technical/Corporate Rate inline booth _____

☐ $1,200.00 Non-Profit Rate _____

Applications with check received ***after November 30, 2020***

☐ $2,250.00 Technical/Corporate Rate corner booth _____

☐ $2,100.00 Technical/Corporate Rate inline booth _____

☐ $1,350.00 Non-Profit Rate _____

TOTAL BOOTH COST: $ _____

AATOD will provide a booth ID sign for all exhibiting companies. All furniture is the responsibility of the individual exhibitor. AATOD will not provide any tables, chairs, carpet, or electricity, however the exhibit hall is carpeted.

PREFERRED LOCATION*

1) _____ 2) _____ 3) _____ 4) _____ 5) _____ 6) _____

*Exhibit Management reserves the right to alter the floor plan and/or assign any exhibit location if deemed necessary for the good of the show at any time.

We prefer that our exhibit *not* be located next to the following companies:

_____

INSTALL & DESIGN COMPANY

☐ YES, my company will be utilizing an I&D Company.

Please address all communications regarding exhibits to:

AATOD Exhibits
Talley Management Group, Inc,
19 Mantua Rd, Mt. Royal, NJ 08061-1006
Phone (856) 423-3091 opt 3
Email exhibits@aatod.org

SPONSORSHIP OPPORTUNITIES

INDIVIDUAL SPONSORSHIP ITEMS:

☐ Item _____ $ _____

☐ Item _____ $ _____

☐ Item _____ $ _____

☐ Item _____ $ _____

TOTAL SPONSORSHIP COST $ _____

DEPOSIT/PAYMENT

Important: We are enclosing with this application a deposit of 50% of the total booth price or sponsorship for each requested. We agree to pay the balance **January 4, 2021.** Your signature on this form allows AATOD to retain your credit card number in the file for an automatic debit in the amount of the total balance due on **January 4, 2021.** If you do not want this credit card to be charged, your check for the balance due must be received before January 4, 2021.

TOTAL BOOTH & SPONSORSHIP PRICE $ _____

50% DEPOSIT DUE $ _____

*No booths will be assigned without the required 50% deposit

Cancellation Policy: Exhibitors shall give written notice of cancellation. It is agreed that A) if a company cancels its space 90 days or more prior to the opening date of the meeting, the deposit shall be retained. B) If a company cancels its space less than 90 days prior to the opening date of the meeting, the company will be responsible for paying the entire booth cost and EXHIBIT MANAGEMENT reserves the right to re-sell space.

PLEASE MAKE CHECKS PAYABLE IN U.S. FUNDS, DRAWN ON A U.S. BANK TO:

American Association for the Treatment of Opioid Dependence 2021 Conference (AATOD)

Mail payments to: AATOD Exhibits
Talley Management Group, Inc.
19 Mantua Road, Mount Royal, NJ 08061

Credit Card Payment: ☐ American Express ☐ MasterCard ☐ Visa

Please provide credit card number and expiration date below.

Cardholder (please print): _____

Authorized Signature: _____

Amount: $_____ CVV# _____

Rules and regulations for exhibitors listed on page 10 are an integral part of this contract. It is understood by the undersigned that the 2021 American Association for the Treatment of Opioid Dependence Conference rules and regulations for The Venetian Resort govern all exhibit activities.

It is understood that the exhibitor is responsible for daily cleaning of their booth and will make arrangements with the General Service Contractor. Any exhibitor that has not ordered cleaning for the opening day will have their booth cleaned to present an attractive appearance. The cost will be charged to the exhibitor.

Signed and accepted by AUTHORIZED AGENT of Exhibitor:

_____ Date _____

Signed and accepted by Exhibit Management:

_____ Date _____

OFFICE USE ONLY

Check # _____ Amount $_____

CC Authorization # _____

SPONSORSHIP LEVEL:
☐ Platinum ☐ Gold
☐ Silver ☐ Bronze

Credit Card Information

CARD NUMBER EXPIRATION DATE CVV #