

1 EXHIBITOR INFORMATION PLEASE PRINT

Company Name: _____
 Contact Name: _____
 Address: _____
 City: _____ Province / State: _____ Zip: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____
 Email: _____ *Website: _____
 Phone: (_____) _____ Fax: (_____) _____
 Please indicate your contracted 2020 IECSC New York Booth Number(s): _____

2 CLASSROOM & FEES (CONTRACTED CLASSROOMS, DAYS & TIMES BELOW)

Classrooms are assigned on a first come, first served basis. We will do our best to accommodate your request, but availability is not guaranteed. If your request is accommodated, you will be notified by email. At that time, full instructions for submitting session details will be provided. You will be required to provide session details no later than **October 17, 2019**, or forfeit the entitlement to have your session advertised in some or all promotional materials. Room assignments will NOT be made without appropriate deposit.

Classroom #1 Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom #2 Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom #3 Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom #4 Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD

All audio visual is the responsibility of exhibitor and may be ordered through the IECSC official audio visual contractor.

Show Management reserves the right to change classroom location at any time. Should such occasion arise, Show Management will offer comparable alternatives. Exhibitor agrees to submit session details in accordance with the instructions that are set forth by Show Management, otherwise forfeit the opportunity to have their session publicized in all attendee promotional vehicles. Questex will not be responsible for non-publishing of session details where exhibitor has failed to meet deadlines or provide materials in required formats.

PAYMENT SCHEDULE: Upon Signing **50% Due** with application/contract. November ', 201' **100% Due**.
 Room assignments will NOT be made without appropriate deposit.

CHECK # _____ Make Check payable to Questex LLC / IECSC New York
 CREDIT CARD (CHECK ONE): AMERICAN EXPRESS MASTERCARD VISA
 CARD NO: _____ EXP. DATE: _____ SEC. CODE: _____
 CARDHOLDER NAME: _____
 SIGNATURE: _____

I agree to be charged 100% of the contracted advertising agreement upon return of this document. _____ INITIALS
 I agree to be charged 50% of the contracted advertising agreement upon return of this document and the remaining 50% of the contracted amount within 120 days of the first day of the show. _____ INITIALS

3 SIGN HERE

Exhibitor understands that this Agreement shall be legally binding between Questex LLC and the Exhibitor only upon acceptance in writing by Questex. Exhibitor also understands that any changes in the information in this Agreement must be provided to Questex LLC in writing. This Agreement may be executed and delivered by facsimile and a facsimile signature shall be treated as an original.

Exhibitor's Authorized Signature: _____ Date: _____
 Name (Please Print): _____ Title: _____
 Show Management: _____ Title: _____

In the event Exhibitor seeks to cancel this license for classroom space, withdraw from the Show, or reduce its space requirements for the Show, Exhibitor acknowledges that Show Management would be harmed and suffer loss and that it would be difficult to determine the precise value for or amount of that harm. All cancellations, withdrawals or requests for reduction in space by Exhibitor must be in writing, by certified mail, return receipt requested. The date of cancellation, withdrawal or reduction in space, as applicable, shall be the postmark date on the notice. If Exhibitor cancels, withdraws or reduces its classroom requirements for the Show, Exhibitor agrees to pay to Show Management the amounts set forth below if not previously paid by Exhibitor. Such payment shall be liquidated damages and not a penalty, and the parties agree that such amounts constitute a reasonable provision for liquidated damages. Date Written Notice of Cancellation or Reduction In Space Postmarked On or before 120 days of the first day of the show (50% of Total classroom Fee); Within 120 days of the first day of the show (100% of the Total classroom Fee). In the event Exhibitor, at any time, seeks to cancel this license for classroom space, withdraws from the show or requests a reduction in space, an administrative and processing fee of \$100.00 will be assessed.

FOR OFFICE USE ONLY

Date Rec'd: _____
 Total Price: _____
 Payment Rec'd: _____
 Balance Due: _____
 Accepted By: _____

Classroom #1 Assigned

Classroom #2 Assigned

Classroom #3 Assigned

Classroom #4 Assigned

Please complete and return with payment:

Payable to:
 Questex LLC /
 IECSC New York

Questex LLC
 PO Box 959635
 St. Louis, MO 63195-9635
 Fax: 212.895.8209

WIRE TRANSFERS:

For information on how to Wire Transfer payment, please contact Steven Jailet at **617.219.8360**

QUESTIONS?

Please contact:
 Tel: 212.895.8234
 Web: www.iecsc.com

**RETAIN A COPY
 FOR YOUR RECORDS**