

# Exhibit Space Application

## Transplant Nursing Symposium

Exhibit Dates: 15–17 November 2019

Annual Symposium Dates: 15–18 November 2019

The DoubleTree by Hilton at Universal Orlando • Orlando, FL, USA

ITNS TAX ID 20-1589538



Reserve your exhibit space by completing this form or download a fillable form at [www.itns.org](http://www.itns.org).

- 8' x 10' (100 sq ft)\* ..... \$2,650 USD
- 8' x 20' (200 sq ft)\* ..... \$5,200 USD
- 8' x 10' nonprofit (100 sq ft)\* ..... \$1,975 USD

\*Each 8' x 10' space includes one 6' table, two chairs, and an ID sign. Two free registrations for company representatives to attend all lectures are provided. Additional representatives must each pay the registration fee of \$595 USD.

We understand further that all space must be paid for in full by 1 May 2019. If assigned space is not paid for in full by the specified date, it may be assigned to another exhibitor at the option of ITNS.

We agree to abide by the Terms and Conditions printed on the reverse side, which are made part of this contract. This is not a binding contract until signed by the ITNS manager, professional relations, on behalf of ITNS.

Please print or type.

Size space \_\_\_\_\_ Rate \_\_\_\_\_

After referring to the floor plan on our website at [www.itns.org/conference-central](http://www.itns.org/conference-central), indicate preferred booth numbers.

1st choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

2nd choice \_\_\_\_\_ 4th choice \_\_\_\_\_

List companies you do not want to be near.

(We will try to accommodate requests but can make no guarantees.)

\_\_\_\_\_  
\_\_\_\_\_

Please check product categories to be listed (check all that apply):

- Clinical Trial Management
- Pharmaceutical
- Education
- Recruitment
- Medical Devices
- Software
- Medical Equipment and Supplies
- Other \_\_\_\_\_

### Official Program Information

Describe in 50 words or less your products and services to be promoted. Please submit your description electronically to [mpaulson@itns.org](mailto:mpaulson@itns.org) with your application. Your description will be posted on the website.

### Company Information

Company name \_\_\_\_\_

(Exactly as you wish it to appear in the printed program guide and on exhibit ID sign)

Address \_\_\_\_\_

City, State, ZIP, Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

Website \_\_\_\_\_

The signer of the application for exhibit space—or person designated above—shall be the official representative of the exhibitor and shall have the authority to certify representatives and act on behalf of the exhibitor in all negotiations.

Signature \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

E-mail \_\_\_\_\_

### Billing Information

This contract will be addressed to the signer (or designee indicated below, if different).

Name \_\_\_\_\_

Title \_\_\_\_\_

Company name (if different) \_\_\_\_\_

Address (if different) \_\_\_\_\_

City, State, ZIP, Country \_\_\_\_\_

Phone \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

#### Please complete these three steps:

1. Fax the application form to +1.888.374.7259.
2. Make a copy of the form for your records.
3. Through 1 May 2019, return the form with a 50% deposit\* per space. After 1 May 2019, return the form with a 100% deposit\* per space. Return to

#### International Transplant Nurses Society Exhibition Office

PO Box 3781 • Oak Brook, IL, USA 60522  
+1 847.375.4803 • Fax +1 888.374.7259  
[mpaulson@itns.org](mailto:mpaulson@itns.org)

\*Make checks payable to International Transplant Nurses Society (ITNS).

### PAYMENT INFORMATION

CC# \_\_\_\_\_ Exp \_\_\_\_\_

Check # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

Check # \_\_\_\_\_ \$ \_\_\_\_\_ Date \_\_\_\_\_

#### FOR ITNS USE ONLY

PPI

Booth number(s) assigned \_\_\_\_\_

Total cost \$ \_\_\_\_\_

Amount paid \$ \_\_\_\_\_

Accepted by ITNS \_\_\_\_\_