

# Exhibitor Application/Contract

## OARSI 2017 World Congress on Osteoarthritis

April 27 - 30, 2017 Caesar's Palace Las Vegas, Nevada, USA

### Company Information

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_

*Company representative who should receive all information*

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Contractor Information (if applicable)

*In order for the contractor handling your booth needs to receive an Exhibitor Manual, please provide the following information.*

Contact Person: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

### Booth Information

	<u>Member/Sponsor</u>	<u>Non-Member</u>
10 ft. x 10 ft. Booth	<input type="checkbox"/> \$2,000 USD	<input type="checkbox"/> \$2,500 USD

Non-profit—table top  \$500 USD

Preferred Location (see floor plan)

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

Competitors you do NOT wish to be near:

\_\_\_\_\_  
Companies you would like to be near:

### Company Product Description

In 100 words or less, please provide a brief description of your company's services and/or products to be included in the official program. Please send your description along with your completed application form.

### Exhibitor Contract

1. The undersigned agrees to pay 100 percent of the rental fee with this application.
2. Upon receipt of payment, exhibitor will receive written confirmation of space assignment. Assignment of space for the OARSI World Congress is considered accepted unless rejected in writing and received by OARSI staff within 14 days from the date space confirmation is received.
3. No exhibitor may assign, sublet the whole or any part of space allotted, nor exhibit therein any goods other than those manufactured or handled by the exhibitor in the regular course of business.
4. The contracting exhibitor agrees that any cancellation must be in writing and that booth fees will not be refunded on or after February 1, 2017 if written cancellation is received prior to February 1, 2017 a refund is issued less a service charge of 50 percent of the net contract price.

The undersigned accepts as part of this contract all rules and regulations set forth in the official exhibitor prospectus and exhibitor manual for the OARSI World Congress, which are made a part of this contract, and agrees to comply with the same.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Signature: \_\_\_\_\_

### Payment Information

Check (see below)

Visa  Mastercard  American Express

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Please make checks payable to OARSI (US funds drawn on a US bank only) and mail to Anthony Celenza at the below address.

If you would like to pay via wire transfer, contact Anthony Celenza for instructions.

### Return completed form to:

**Anthony Celenza, CMP, Director of Meetings**  
**Osteoarthritis Research Society International (OARSI)**  
**1120 Route 73, Suite 200**  
**Mt. Laurel, NJ 08054**  
**USA**  
**Phone: (+1) 856-642-4431**  
**Fax: (+1) 856-439-0525**  
**E-mail: [acelenza@oarsi.org](mailto:acelenza@oarsi.org)**