

PRIMARY COMPANY INFORMATION:

The "Exhibiting As" company name, city, state, toll-free phone and URL listed below will be displayed in the On-Site Event Guide and the online exhibitor list at abexpo.com.

Legal Company Name: _____

Exhibiting As: _____

Mailing Address: _____ City, State, Zip: _____

Country*: _____ Web Address: _____ Phone: _____

WHAT IS YOUR PRIMARY GOAL FOR EXHIBITING? Leads Sales Networking

PRIMARY CONTACT INFORMATION:

If show contact is not responsible for the overall health and safety at the event then please email the appropriate contact information to bkeefe@architects.org.

Contact Name: _____ Title: _____

Phone: _____ Email: _____

INVOICE/ACCOUNTING CONTACT INFORMATION: (For all Invoice and Accounting correspondence. If different address than above, please complete below.)

Contact Name: _____

Address: _____ City, State, Zip: _____

Phone: _____ Email: _____

BOOTH CONTACT INFORMATION: (For all booth specific correspondence, if different than primary contact above, please complete below.)

Contact Name: _____ Title: _____

Phone: _____ Email: _____

EXHIBIT BOOTH SELECTIONS

List all preferred booth space(s). All space is allocated in 100 sq. ft. increments. Please provide 4 options.

1st Choice _____

2nd Choice _____

3rd Choice _____

4th Choice _____

Please reserve exhibit space in ABX 2020. We request the exhibit space(s) listed above. (If our space choice has been allocated, we request that show management assign what it considers to be the best space available.)

List **specific companies** (not product lines) you do not wish to be next to, limit of four companies. (See item #4 on reverse side.)

1. _____

2. _____

3. _____

4. _____

EXHIBIT SPACE COST AND SPONSORSHIP OPPORTUNITIES

RATES (per square foot)	On-Site Rate Through Nov 7**	Early Rate Through April 16	Standard Rate After April 16
Standard Booth	\$38.00	\$40.00	\$42.00
Corner Fee (per corner)	\$150.00	\$150.00	\$150.00
BPG Online Profile	\$150.00	\$150.00	\$150.00

*If contract is received on-site and deposit is received by 1/16/20

- You'll receive our Promo Package:
 - Upgraded profile in On-Site Event Guide
 - Featured in a pre-show eblast
 - Featured on a page on our website
 - One social media post

*If contract and deposit are received on-site or by 11/7/19

- You'll receive our Promo Package +
 - \$1,000 credit towards any sponsorship

DEPOSIT PAYMENT SCHEDULE

January 16, 2020
25% of total balance due

April 16, 2020
75% of total balance due

July 16, 2020
100% of total balance due

TOTAL SQUARE FEET	EXHIBIT SPACE COST/SQFT	CORNER FEE (\$100 PER CORNER)	BPG ONLINE PROFILE	TOTAL
_____	\$ _____	\$ _____	\$150.00	\$ _____

METHOD OF PAYMENT: U.S. funds only, please check one:

Check made payable to: ArchitectureBoston Expo

Wire / ACH*

Credit Card* PCI compliance requires credit card information must only be received via our secure fax line 972.550.5390 or through our online contract portal. * Refer to Clause 7 on page 2

MAILING ADDRESS: 6191 N. HIGHWAY 161, SUITE 500 IRVING, TX 75038. Please note our address will be changing in December.

QUESTIONS? Please contact Show Management at 617.391.4029 or bkeefe@architects.org with any questions. All payments should be in USD funds. Exhibitors are responsible for all bank collection fees and/or discounts associated with their payments.

INSURANCE (INTERNATIONAL EXHIBITOR REQUIREMENT)\$115**

Insurance coverage will be added for International Exhibitors but any exhibitor can purchase a policy. All exhibitors are required to obtain the coverages outlined in Clause 25. Insurance regardless of geographic location. International insurance policies often are not valid in the United States; Informa Markets negotiated the necessary coverages at a discounted rate to ensure the appropriate coverages are in place. Coverage will be opted in and included when contracting. International is defined as outside the United States or Canada. This fee will be waived/refunded if a valid Certificate of Insurance with the necessary coverages is provided. Coverage is subject to underwriting review; see clause 25. Insurance and your booth confirmation for additional information.

FOR SHOW MANAGEMENT USE ONLY

Date Received: _____

Booths Assigned: _____

TSF: _____

Deposit Received: _____

AE: _____

CO ID#: _____

We understand this application becomes a binding contract when accepted by Informa Exhibitions U.S. Construction & Real Estate, Inc. We agree to abide by the General Information, Exhibitor Contract Terms and Conditions, rules listed in the Exhibitor Service Manual and regulations adopted by Informa Exhibitions U.S. Construction & Real Estate, Inc. in accordance with the terms herein. We understand that all deposits/final payments are non-refundable.

Required

Signature: x _____ Printed Name: _____ Date: _____

By providing your contact information and signature, you are authorizing Informa Exhibitions U.S. Construction & Real Estate, Inc. to send you promotional materials via mail, fax, SMS or email.

