

IAAO 2019 EXHIBIT APPLICATION

Please fill out the following forms and send them to the contact address indicated. Note that all activities associated with the annual conference, including signage, are subject to the approval of IAAO.

STEP ONE: Contact Information

Corporate Name: _____

Primary Contact: _____

Contact Telephone: _____ Email: _____

Please type all information below for use in the conference Program book.

Company Name (For Program and Signage): _____

Street Address: _____

City: _____ State: _____

Country/Province: _____ Zip: _____

Telephone: _____ Company Website Address: _____

STEP TWO: Exhibit Space Selection (Due by June 14)

IAAO will make its best effort to accommodate your wishes.

Single Double Island Exhibitor Booth Space Fee: \$ _____

Premium (\$100 per corner): \$ _____

List any potential exhibitors you DO NOT wish to be near: _____

List any potential exhibitors you wish to be near: _____

Amount \$ _____

STEP THREE: Exhibitor Staff Registration

Due by: August 2, 2019

(Please use the Exhibitor Booth Staff Registration form to enter complimentary staff registration names, based on booth size and Sponsorship Benefit tier (Premier, Diamond, Gold, Silver, Bronze, Standard Additional registrations can be purchased at \$400 each (See paid Exhibitor Booth Staff Registration form).

STEP FOUR: Total Fees

Payment is due for the above plus Exhibitor Booth Staff Registration if applicable, or submits the latter separately.

TOTAL PAYMENT DUE \$ _____

STEP FIVE: Method of Payment

All funds MUST be submitted from a U.S. bank in U.S. funds. IAAO does not accept purchase orders or in-voice for services.

Check made payable to IAAO – check # _____

Do not email credit card information. Please call Rachel Mense at 816-701-8109 with Credit Card information.

STEP SIX: Submitting your Application

Please send a copy of application along with check to: IAAO
PO Box 29900 — Dept. 929
Phoenix, AZ 85038-0900

To pay by wire transfer, please contact Mary Ann Deming at IAAO (816-701-8100, deming@iaao.org).

ACCEPTING AS BINDING CONTRACT

I acknowledge receipt and certify that I have read the Business Partner Conference Prospectus. I fully understand, accept, and agree to abide by all the requirements, restrictions, and obligations in the entire document including the terms and conditions. Acceptance of this application and payment form by IAAO constitutes a contract.

Authorized Signature: _____ Date: _____

CANCELATION & REFUND POLICY

Guarantees for food service, printing, and space rental cannot be changed by IAAO at the last moment. Requests for refunds will be honored, less a \$150 processing fee, only if received in writing by August 9, 2019. No refunds will be made after August 9, 2019. No refunds are given for no-shows. Send your cancellation notice to Rachel Mense at mense@iaao.org, or mail to: IAAO, Meetings Dept., 314 W. 10th St., Kansas City, MO 64105, or fax to 816-701-8149. **Registrations ARE transferrable for \$50.** IAAO will need a completed registration for the new individual a registration is being transferred.

Questions: For answers to exhibit questions, please contact Rachel Mense at mense@iaao.org or 816-701-8109.