

Exhibit Space Application Form

Thursday, May 3 - Sunday, May 6, 2018 – Hilton Chicago – Chicago, IL

Space is limited.

Exhibitor Information for Final Program

Please print clearly.

Company Name: _____

Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Website: _____ Email: _____

Contact for exhibit-related information

Each exhibitor must assign one point of contact in connection to exhibit booth setup and dismantling.

Contact Person: _____ Title: _____

Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

Email: _____

Booth Selection

Please check one:

10'x10' Standard Booth(s) \$3,500 10'x10' Corner Booth \$3,800 20'x20' Island Booth \$15,000 10'x10' Nonprofit Association Booth(s) \$1,500

Exhibit space reserved after February 23, 2018 will be charged an additional \$300 late registration fee. Exhibit space reservations will not be accepted after March 23, 2018.

Please list your top four booth location choices. See Exhibit Hall Floor Plan on page 10 for booth numbers. The ACMS/ASMH cannot guarantee that you will get your preferred booth assignment but will make every effort to accommodate your specific request. See page 4 for the ACMS/ASMH policy on booth assignment.

1. _____ 2. _____

3. _____ 4. _____

If possible, please do not locate us near the following companies: _____

Principal Products to be Displayed

Pharmaceuticals Instruments Equipment Scientific/medical Publications Cosmetic/Skin care Physician Recruitment

Non-profit Products/Services non-medical Other (please specify): _____

Company/Organization or Product Description to be Printed in Final Program

Please limit description to 50 words or less. Companies may submit edits to original descriptions until March 19, 2018 and can also be submitted via email to info@mohscollege.org upon application for exhibit space. Failure to submit a description will result in the lack of a printed Company/Product or Organizational Description in the Final Program. If you were an exhibitor in 2017 and provided a description, we can use what we have on file. Please indicate below 'Same as 2017.'

Please read and complete the next page of this application also.

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Payment

Make check payable to American College of Mohs Surgery (ACMS) (US Funds drawn on a US bank only) or provide credit card information (Visa, MasterCard, or American Express)

Check enclosed (Made payable to ACMS) Visa MasterCard American Express

Credit Card Number: _____ Expiration Date: _____

Cardholder's Name: _____

Cardholder's Signature: _____

This is your invoice and contract. No additional invoice will be issued.

Cancellation Policy

If an exhibitor wishes to cancel or reduce exhibit space after assignment has been made, written notification must be sent to the ACMS/ASMH based on this schedule: Full refund will be granted if notification is received on or before December 1, 2017; 50% refund will be granted if notification is received December 2, 2017 to February 23, 2018; Any exhibitor who cancels space after February 23, 2018, will be responsible for the total booth cost. No refund will be provided.

Shipping, Storage, and Handling

The general service contractor will receive and store advance freight shipments. They will deliver the materials to the booth, remove empty crates, and return them to the booth at the close of the meeting.

Agreement Terms and Conditions

This is your contract. Please retain a copy for your records. You are hereby authorized to reserve space for the organization listed above in the exhibition of the 2018 ACMS/ASMH Annual Meeting to be held May 3–6, 2018 at the Hilton Chicago. We understand that the assigned space will be rented at the rate quoted in the Exhibitor Prospectus. We understand further that all space must be paid for in full on or before February 23, 2018. If assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor without notification, at the discretion of the ACMS. In addition, if assigned space is not paid for in full by February 23, 2018, the exhibiting company will be prohibited from registering its staff for the Annual Meetings and booking accommodations. The last day to receive a partial refund for cancelled exhibit space is February 23, 2018. The exhibiting company agrees to abide by all rules and regulations governing exhibits set forth in the Exhibitor Prospectus, which is made part of this contract by reference and fully incorporated herein.

Hold Harmless Clause: The exhibiting organization assumes the entire responsibility and hereby agrees to protect, indemnify, defend and save the American College of Mohs Surgery, American Society for Mohs Histotechnology, the Hilton Chicago, Heritage and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence of the Hilton Chicago, its employees and agents.

In addition, the exhibitor acknowledges that the American College of Mohs Surgery, American Society for Mohs Histotechnology, the Hilton Chicago and Heritage do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor. Exhibitor shall not be liable for any failure of or delay in the performance of this Agreement for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

Photography Release: This confirms the agreement between you and ACMS/ASMH, regarding your participation in the 2018 ACMS/ASMH Annual Meetings, in which you may be photographed. You hereby agree that ACMS and/or ASMH may use these photographs on its website or in other official printed publications without further consideration. You acknowledge the right of ACMS and/or ASMH to crop or treat the photographs at its discretion. You also acknowledge that the ACMS and/or ASMH may choose not to use your photo at this time, but may do so at its own discretion at a later date.

Authorized Signature: _____

Print Name/Title: _____ Date: _____

Detach and return this completed application with the required payment to:

American College of Mohs Surgery (ACMS)
555 East Wells Street, Suite 1100
Milwaukee, WI 53202
USA
Phone: (414) 347-1103
Fax: (414) 276-2146

Note: Please keep a copy of this exhibit space application for your records. This is your invoice and contract. No additional invoice will be issued.