EXHIBITOR AGREEMENT

FEE: $750 exhibitor registration fee

BENEFITS:
- Six-foot skirted table with wastebasket and two chairs
- Logo recognition, brief company description and contact information in an exhibitor flyer placed in attendee registration packets
- Logo recognition in the conference on-side guide
- Complimentary attendance for one (1) to the conference programming (not including CLE credits)
- Complimentary attendance for one (1) to the conference luncheon

LOGISTICS:
- Shipping to/from meeting location and cost of exhibit materials is the responsibility of the exhibiting company
- Phone and electrical lines, if needed, must be arranged for in advance directly with the hotel by the exhibitor and any related expenses are the responsibility of the exhibiting company

LOCATION: The Kimpton Palomar Hotel, 2121 P Street, Washington, DC
The Exhibitor space will be located in the conference registration area

SET UP: Sunday, March 17, 2019: early p.m. (registration opens Monday at 7:00 a.m.)

DISMANTLE: Wednesday, March 20, 2019 (programs end at 12:15 p.m.)

EXHIBITOR HOUR*S:
- Monday, March 18, 2019 7:00 a.m. – 5:00 p.m.
- Tuesday, March 19, 2019 8:00 a.m. – 5:00 p.m.
- Wednesday, March 20, 2019 8:00 a.m. – 1:00 p.m.

*Preliminary hours listed; may be subject to slight changes
EXHIBITOR AGREEMENT

Exhibitor Registration Information:

Contact Name: _____________________________________________________

Company Name: ___________________________________________________

Address: __________________________________________________________

City/State/Zip: _____________________________________________________

Phone and Fax Numbers: _____________________________________________

Email Address: ______________________________________________________

Exhibitor Name Badge(s): _____________________________________________

Exhibitor agrees to payment of $750 for exhibit space. Payment is due with the completed form by February 1, 2019. In exchange for the $750 fee, the Exhibitor will receive all benefits as listed above.

Exhibitor Signature: ________________________________________________

___ Enclosed is a check made payable to the American Bar Association in the amount of $500

___ Please charge $750 to the following credit card:

  Card type:     Visa     MasterCard     Other_________________________
  Card number: ________________________________
  Expiration: ________________________________
  Name on card: ______________________________

___ Please invoice me

Please return the completed form with payment to Kris Berliant, American Bar Association, Judicial Division, 321 N. Clark Street, Chicago, IL 60654; via fax to 312-988-5700; via email to kris.berliant@americanbar.org