

INTERNATIONAL MARINE FORENSICS SYMPOSIUM 2012



EXHIBIT SPACE RESERVATION CONTRACT GAYLORD CONVENTION CENTER ♦ NATIONAL HARBOR, MARYLAND ♦ April 3-5, 2012

Exhibitor Contact: _____

Title: _____

Company Name: _____

Address: _____

Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Main Company Phone: _____

Email: _____ Company Email: _____

Fax: _____ Web Site: _____

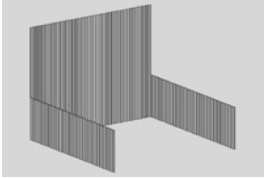
*Authorized Signature: _____ Title: _____

EXHIBIT PACKAGE – Exhibit days: Tuesday, Wednesday, Thursday

10' x 10' pipe and drape – see illustration (carpet, utilities, and furnishing NOT included)

Company Sign 7" x 22" (Blue ink on white)

1 Full conference registration



FEE SCHEDULE (All space is sold in 10ft x 10ft increments)

MTS - ASNE - SNAME Company/Business Member: \$500 (US Funds)

Non Member: \$600 (US Funds)

PAYMENT POLICY - Payment is required with this signed contract.

CANCELLATION POLICY - If reservation is cancelled by exhibitor no later than February 29, 2012 (or within 24 hours of late reservation), the full amount will be refunded, less any bank fees. If reservation is cancelled by exhibitor after February 29, 2012 there will be no refund. If event is cancelled by show management, all payments will be refunded. If, due to disaster or other location issues, event is relocated, exhibitors will be notified and given a time frame in which to decide whether to continue or cancel.

**The International Marine Forensics Symposium is a not-for-profit event. Our Fee Schedule and Cancellation Policy are set in such a way as to protect our ability to pay our show related obligations. We realize that often circumstances beyond your control dictate your need to cancel participation. However, at a certain point in the process, we are obligated to pay costs related to your participation even if you cancel. We feel the posted cancellation policy is a fair compromise. By signing the contract above you agree to these terms.*

PAYMENT

_____(# of booth) x \$ _____ (US FUNDS) = \$ _____ (total amount paid)

PAYMENT METHOD

Check # _____

Mail to:

MTS-IMFS12

Attn: Chris Barrett

1100 H Street, NW, Suite LL-100

Washington DC 20005

Fax credit card payment: #202-347-4302

Credit Card: Visa MasterCard American Express Discover

Card Number: _____ Exp. Date: _____ Security Code: _____

Card holder name (please print): _____

Authorized Signature: _____