

ANNUAL MEETING EXHIBIT CONTRACT

NEUROCRITICAL CARE SOCIETY • 19TH ANNUAL MEETING • OCTOBER 26-29, 2021

COMPANY INFORMATION

Please complete all fields below.

Company Name _____

Contact Name _____ Contact Title _____

Address _____ City _____

State _____ ZIP _____ Country _____

Telephone _____ Ext. _____

Email _____ Web Address _____

BOOTH INFORMATION

Standard Rate

_____ 10'x 10' booth(s) x \$4,000 = \$ _____

BOOTH LOCATION PREFERENCE

First Choice: _____

Second Choice: _____

Third Choice: _____

Notes: _____

IMPORTANT INFORMATION

- Full payment (100%) is due with signed application.
- Exhibits will not be permitted to be installed unless all obligations to NCS are paid in full. See "Payment Schedule" in the Exhibit Rules and Regulations.

PAYMENT

Exhibit Amount Due: \$ _____

An invoice will be sent to the contact noted under "Company Information" upon receipt of the signed contract.

- Check** Send to: NCS
P.O. Box 775263
Chicago, IL 60667-5623
- Credit Card** Upon receipt of this contract, NCS will email an invoice to the main contact with link for online payment.

EXHIBIT SPACE CANCELLATION POLICY

Exhibitor is responsible for 100% of contracted space — no cancellations will be accepted for the NCS 19th Annual Meeting.

ACCEPTANCE

Unsigned contracts will not be accepted.

*The designated company representative below acknowledges he/she has read, understands, and will comply with the **Rules and Regulations**. By submitting this application, the exhibiting/sponsoring company identified in the application agrees and intends to be legally bound to the Rules and Regulations for Exhibitors and Sponsors, incorporated herein by reference, and further agrees to pay the fees for the exhibitor or sponsorship privileges for which the company is applying.*

All signed contracts are considered final and are non-refundable. I further acknowledge that NCS reserves the right, in its absolute discretion, to reject this contract.

Name _____ Title _____

Signature _____ Date _____