

ADED: The Association for Driving Rehabilitation Specialists

***42th Annual Conference
August 12th-14th
Greater Richmond Convention Center
Richmond VA***

Please reserve space for our exhibit at the ADED Annual Conference. If your choice of space has been allocated, we request ADED to assign us what it considers best of available space.

EXHIBITOR STATEMENT: *We understand that this application becomes a contract when signed by us and accepted by ADED. We agree to abide by all rules, regulations, and restrictions outlined in this contract and in the prospectus.*

Please print or type **(NOTE: Please give 3 choices)**

1st Choice (s) _____ Total number of spaces _____

2nd Choice (s) _____

3rd Choice (s) _____ Total Price of spaces \$_____

10 x 10 = \$1,500 10 x 30 = \$3,000 20 x 20 = \$4,000 20 x 30 = \$6,000 30 x 30 = \$9,000

*Additional spaces are discounted 25%. *Non-profits may be considered for a 50% discount.

Company/Organization: _____

Address: _____

City/State/Zip: _____

Telephone: _____ Fax: _____ Date: _____

By: _____ Name/Title: _____

Email: _____

Name of an exhibit representative and cell phone number who will be present : _____

INSURANCE-MANDATORY A. Exhibitor agrees to maintain adequate insurance to fully protect ADED, Inc. and its affiliates, co-sponsors, service contractors and the Hall and Hall Management from any and all claims, arising from Exhibitor's activities including, but not limited to, the installation, operation and dismantling of Exhibitor's display. The foregoing insurance requirement includes claims under the Worker's Compensation Act or for personal injury, death, or for damage to property. Exhibitor understands that neither ADED, Inc nor the Hall maintains insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance. B. Exhibitor is responsible for any and all damages caused by Exhibitor or Exhibitor's agents, employees or guests. Exhibitor agrees to indemnify, defend and hold harmless ADED, Inc, its affiliates, subsidiaries, agents, assigns and employees from and against any liability for loss or damage of any kind, which Exhibitor may directly or indirectly cause. C. Exhibitors in the Show must carry: Statutory limits for workers' compensation coverage; and Commercial general liability including products and completed operations, independent contractors' personal injury and blanket contractual liability insurance limits of at least \$1,000,000 per occurrence, \$2,000,000 aggregate. These coverages must be evidenced by a Certificate of Insurance with a 30-day notice of cancellation provision to the holder. The certificate must name ADED, Inc as additional insured and be provided to Exhibits Coordinator at least 30 days before the proposed exhibit date.

Deadline for fees is June 15, 2018

Invoices will be emailed prior to the above deadline to the address listed above and marked to the attention of the person listed above.

Return one copy of this form to:

ADED Executive Office

200 1st Ave. NW #505

Hickory, NC 28601 Fax (828) 855-1672