



# Agreement for Exhibit Space

FPS 2019 Fall EXPO • September 20-22, 2019 • Tampa Marriott Water Street Hotel

Florida Psychiatric Society • 521 East Park Avenue • Tallahassee, Florida 32301-2524  
E-MAIL: kendra@floridapsych.org • Telephone: (850) 222-8404 • Federal ID#: 59-1735183

## Exhibitor Guidelines

**Exhibit Hours:** Exhibitor agrees to follow the official move-in and move-out schedules as well as the scheduled exhibitor hours of operation.

**Signs, Banners and Displays:** Only professionally printed signs, Banners or displays will be allowed to be displayed.

**Care of Space:** The exhibitor agrees not to deface, injure or mar the exhibit area of the Renaissance Orlando at SeaWorld or any of the furniture or fixtures and/or any of the property of whatever nature within the hotel.

The exhibitor shall be liable to the FPS and/or Renaissance Orlando at SeaWorld for any damage resulting to such furniture and fixtures and/or such property placed by the FPS or hotel that shall occur by reason of the commission or omissions of any exhibitor and/or its agents, servants or employees.

The exhibitor shall defend and hold harmless the FPS from all claims and suits against said FPS arising from the aforesaid commissions or omissions of the exhibitor, their agents, servants or employees. All materials used by exhibitors must conform to the requirements of the fire department and exhibits must meet all state and local codes.

**Exhibitor Conduct:** Exhibitor representatives agree to conduct themselves in a courteous and professional manner within the confines of the space rented by the company. FPS reserves the right to restrict all displays that, because of noise or other objectionable features, interfere with the orderly procedure of the Expo; also, FPS reserves the right to prohibit any display or procedure that, in its judgment, runs counter to the general character of the Expo.

**Note:** the FPS Expo is not a retail trade show. Retail sales of any kind are not permitted on the Expo floor.

**Hotel Logos:** The name and logo of Tampa Marriott Water Street, is exclusive to Marriott International. Any unauthorized use of these names and logos is prohibited.

**Cancellation of Exhibit Space:** Requests for cancellations of exhibit space must be presented to the FPS in writing. If cancellation occurs before August 14, 2019, the exhibitor will receive a full refund less a \$500 administrative fee. If cancellation occurs on or after August 14, 2019, no refunds shall be due the exhibitor. An exhibitor who cancels may not transfer or assign an exhibit space.

**Material Shipping and Handling:** Exhibitors should make arrangements with host hotels for receiving and shipping of exhibit materials. Prior to the meeting, FPS staff will send shipping and dryage information to all confirmed exhibitors. FPS staff will not be liable for storing, transporting or retrieving any exhibitor materials to or from the hotel or other facility.

**Insurance:** The FPS or its representatives assume no responsibility for the safety of the personnel and property of exhibitors or the personal property of their officers, agents, servants or employees. Any exhibitor wishing to insure his/her personnel or goods against injury, theft, and damage by fire, accident or other cause must do so at his/her own expense. Note: the Florida Psychiatric Society does not hire outside security. Materials left unattended are the sole responsibility of the exhibitor.

**Liability:** FPS or its representatives shall not be liable for any damages in the event that performance of this agreement is rendered impossible by any of the following causes: destruction of the hotel or any substantial portion by fire, hurricane, the elements or a public enemy, strikes or other public disorder; performance impossibility created by law or any public authority; and/or for any cause beyond its control or the control of the Tampa Marriott Water Street. Upon request, FPS will reimburse the exhibit fee paid if FPS cannot hold the Expo for any of the reasons stated above.

### Agreement

Signature of Authorized Personnel: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name of Authorized Personnel: \_\_\_\_\_ Job Title: \_\_\_\_\_