



PBUS Insurance Company Exhibitor Contract



2019 Mid-Year Meeting – New Orleans, LA

Please print neatly

PART 1: EXHIBITOR CONTACT INFORMATION (ALL INFORMATION REQUIRED)

Name of Company Contact: _____ Title: _____
 Company/Organization: _____
 Street Address: _____
 City: _____ State: _____ Zip: _____
 Phone: _____ FAX: _____
 Web Address: _____ E-Mail: _____
 Product Category: _____

Description of product or services offered:

PART 2: EXHIBIT SPACE INFORMATION

CONTRACT AND PAYMENT MUST BE RECEIVED BEFORE SPACE IS ASSIGNED

Insurance Company Exhibit Space Price: \$400 (\$750 if Insurance Company is Non-Member) per single tabletop (6' table) display w/two representatives and two chairs (no double spaces or additional representatives allowed). Note: price does not include any meal event except morning/afternoon break; meal tickets can be purchased for the Monday or Tuesday meal. Tabletop space sold on a first come, first serve basis; payment required to hold space. **PBUS has the right to cancel contract or not sell tabletop space if competitors are too near.** Please **PRINT**:

Attendees/E-mail: _____

Attendees/E-mail: _____

Organizations We Wish to Be Near: _____

Organizations We Do Not Wish to Be Near: _____

For PBUS Use Only

Table # Assig. _____

CANCELLATION POLICY

Cancellation of tabletop exhibit space within one month of meeting will result in PBUS keeping a 50 percent administration fee of total tabletop cost. No refund will be provided if exhibit space is cancelled within two weeks of meeting.

PART 3: LIABILITY/EXHIBIT SPACE

Please note that **PBUS will not** provide security for the mid-year meeting. Exhibitors are **strongly encouraged** to remove items of value from each tabletop display during non-exhibit space hours as **PBUS nor the conference venue** will be responsible for the safety or protection of the property of the exhibitors, its agents, employees or invitees, from theft or damage by fire, accident or due to any other cause. Exhibitors are required to provide all insurance and/or policy riders to cover all tabletop contents. Each exhibitor assumes entire responsibility for losses, damages and claims arising out of (a) damage to exhibitor's displays, equipment and other property brought upon the premises of the conference venue/exhibit space, and (b) injury to exhibitor's employees, agents or invitees within the exhibit space. The exhibitor shall indemnify, hold harmless and defend **PBUS**, the conference venue and their respective employees and agents against any and all claims, demands, actions, damages, losses, liabilities, expenses and judgments recovered or asserted against of the above parties on account of any such damage or injury. **SEE CANCELLATION POLICY NOTED ABOVE.**

Each exhibitor will be responsible for shipping their own conference materials to and from the conference venue and is responsible for paying for and securing any audio visual equipment, telephone, internet or electrical needs required for their exhibit space. Pricing information for these services and/or contact information will be supplied to each exhibitor.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

PART 4: PAYMENT INFORMATION

Tabletop Exhibit Space: **\$400 (\$750 if Insurance Company is Non-Member) per single tabletop with two representatives; no double spaces or additional representatives.**

SIGNED CONTRACT MUST BE RECEIVED BEFORE SPACE IS ASSIGNED

Email exhibitor form to info@pbus.com to reserve space
 Payment sent to PBUS (checks payable to PBUS)
 1320 N. Semoran Blvd., Suite 108, Orlando, FL 32807
 800-883-7287 ~ 202-783-4125 FAX
info@pbus.com

METHOD OF PAYMENT:

Check Visa MasterCard Discover American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Address associated w/credit card if different from above:

Total amount: _____

Signature: _____