



Winter Conference Exhibitor Contract / PBUS Insurance Company Member - February 23-26, 2020

Professional Bail Agents of the United States - www.pbush.com

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: _____

Description of product or services offered:

PART 2: EXHIBIT SPACE INFORMATION

CONTRACT MUST BE RECEIVED BEFORE SPACE IS ASSIGNED

Exhibit Space Price: \$800 per single Pipe/Drape Booth w/two booth representatives; (8'x10' booth; 6' table, two chairs; identification sign; wastebasket); \$1,500 per double Pipe/Drape Booth w/four representatives; (two 8'x10' booths; four chairs; identification sign; wastebasket)

Note: prices DO NOT include admission to any meal events; the Closing luncheon and FWO tickets can be purchased (subject to availability).

PRINT:

Booth Attendees/E-mail: _____

Additional Representatives (\$250 each) Names/E-Mail: _____

Organizations We Wish to Be Near: _____

Organizations We Do Not Wish to Be Near: _____

For PBUS Use Only
 Space Assgn.: _____

PLEASE NOTE:
PBUS reserves the right to deny any exhibitor based on association guidelines.

CANCELLATION POLICY
 No refund will be provided if booth space is cancelled after January 31, 2020.

PART 3: LIABILITY/EXHIBIT SPACE

Please note that **PBUS** will provide security for the entrance to the exhibit space during show hours to ensure only PBUS conference attendees enter; security will also be provided in the exhibit space during non-show hours to help keep individuals out of the space. Exhibitors however are **strongly encouraged** to remove items of value from each booth during non-show 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 table/booth contents upon request. 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.

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

Exhibit Space: \$800 per single 8'x10' booth w/two representatives; \$1,500 per double booth w/four representatives; additional representatives are \$250 per person (total booth price on other side of form with payment info).

Note: exhibit space is assigned and placement determined on a first-come, first-serve basis upon receipt of payment in full.

SIGNED CONTRACT AND PAYMENT MUST BE RECEIVED BEFORE SPACE IS ASSIGNED

Note: Please e-mail this form to reserve your booth to info@pbush.com.

Payment should be sent to **PBUS** (checks payable to PBUS)
 1320 N. Semoran Blvd., Suite 108
 Orlando, FL 32807
 Phone: 202-783-4120
 FAX: 202-783-4125

METHOD OF PAYMENT:

- Check Visa MasterCard Discover
 American Express

Name on Card: _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Zip Code: _____ (if billing address different from above please supply full address)

Signature: _____

Total Payment: _____