



# Winter Conference Exhibitor Contract / *Non-PBUS Insurance Company Member* – February 23-26, 2020

Professional Bail Agents of the United States – www.pb-us.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 for *Non-PBUS Insurance Company member*: \$1,150 per single Pipe/Drape Booth w/two booth representatives; (8'x10' booth; 6' table, two chairs; identification sign; wastebasket); \$2,200 per double Pipe/Drape Booth w/four representatives. *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: \$1,150 per single 8'x10' booth w/two representatives; \$2,200 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@pb-us.com](mailto:info@pb-us.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 the full address)

Signature: \_\_\_\_\_

Total Payment: \_\_\_\_\_