

Tysons Corner Marriott Hotel

Saturday, September 14, 2019

EXHIBITOR APPLICATION

COMPANY NAME

COMPANY ADDRESS

CITY STATE ZIP CODE

WEBSITE

COMPANY CONTACT TITLE EMAIL

PHONE CELL PHONE FAX

AUTHORIZED SIGNATURE

By signing above, the individual signing this contract represents and warrants that he/she is duly authorized to execute this binding contract. Insert digital signature or print and fax.

NAME OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

STREET ADDRESS OF CORRESPONDENCE AND BILLING CONTACT (If other than signer)

CITY STATE ZIP CODE

PAYMENT INFORMATION

Amount (in US dollars): \$ 5,000

MAIL PAYMENT TO

MedStar Washington Hospital Center
Attention: Debbie F. Schapiro
110 Irving Street, NW, Suite 6B4
Washington, DC 20010

TERMS AND CONDITIONS OF PAYMENT

Application will not be deemed complete until full payment of booth fee is received. Applications submitted without full payment will not be processed. Please make checks payable to:
MedStar Washington Hospital Center (Tax ID #52-1272129)

We hereby apply for exhibit space for our use at the conference identified. We understand that this application becomes a contract when signed by us and accepted by MWHC.

CANCELLATION POLICY

In the event that an exhibitor cancels all or part of the contracted exhibit space, the exhibitor must do so in writing and will be obligated to pay MWHC fees based on the following schedule: Before August 31, 2019, 50% of exhibit fee refunded. No refunds will be given after August 31, 2019.

Each badge entitles the exhibitor to admittance to all sessions.

By submitting this application we hereby agree to the terms and conditions.

SUBMIT

RESET

Questions?

Please call **Debbie Schapiro** at
(202) 877-7998 or email at **Debbie.F.Schapiro@MedStar.net**