Exhibitor Agreement
11th Annual Focus on Lung Cancer
Friday, September 13, 2019
7:30 AM to 3:00 PM
Hilton Philadelphia City Avenue, 4200 City Avenue, Philadelphia, PA 19131

Company Name: ___________________________________ (“Exhibitor”) (as it will appear in printed and digital materials)

Exhibit Fee: $2,000 per table

2 Representative Names (included in exhibit fee, additional company staff must register and pay separately):

1) ___________________________________________  
   Email: _______________________________________
   Phone: ______________________________________

2) ___________________________________________  
   Email: _______________________________________
   Phone: ______________________________________

Terms & Conditions
Educational activities in the exhibit area which appear to compete with the scientific program and present research results that are being presented concurrently in the scientific program are prohibited. This includes, but is not limited to, displaying posters or other promotional materials summarizing research results, promoting meeting faculty, or distributing meeting materials such as syllabi, handouts, slides, or invitations.

The only activities which may be appropriate in exhibits are for the purpose of informing meeting participants about an organization and its products and services.

The distribution (either for free or for sale) of educational enduring materials on-site that award CME credit, including but not limited to full-text reprints or copies of articles or journal self-study programs, audiotapes, videotapes, or CD ROMs, is prohibited.

Exhibitor assumes entire responsibility for all claims, losses, costs, expenses, and damages to persons or property, as well as governmental charges or fines and attorney’s fees arising out of or caused by Exhibitor’s installation, removal, maintenance, occupancy, or use of the exhibition premises or a part thereof.
In addition, Exhibitor does not hold the meeting venue or the University of Pennsylvania responsible for maintaining insurance to cover Exhibitor’s property.

By signing below, you agree to the terms and conditions of this agreement.

__________________________________________________________________

Authorized Exhibitor Representative                 Date

Company Name: ___________________________________________ (“Exhibitor”)

# of Tables Requested___________ = $__________________ (Total Amount Paid)

Our Tax ID number is 23-1352685

For electronic payment, email Lorraine Gordon for payment information.
For payment by check make payable to: Trustees of the University of Pennsylvania

Mail to:
*Please note new address*
Barbara Lopez
Sr. Event and Education Coordinator
3600 Civic Center Blvd
5th floor, Suite 500 East
Philadelphia, PA 19104
Exhibit Hours:

Set-up begins at 6:30 am. Participants will begin arriving at 7:15 am, check-in begins at 7:30 am. The exhibition area will not be secured. Please do not leave valuable items, such as laptops or phones unattended.

Break-down of exhibits is to be completed by 3:15 PM.

Display Information

Each exhibitor can expect to receive one 6’ skirted table and 2 chairs. Please be sure your exhibit materials fit within the space. If needed, you are welcome to purchase additional space. Continental breakfast and breaks will be set-up among the exhibits.

Exhibitors are responsible for supplies, set-up, take-down, delivery, and any additional costs of display needs beyond the 6’ skirted table.

Will you need electricity for your display?  

☑️ Yes  ☐ No

What type of equipment is being displayed (lights, machines, etc.)? ______________________________________________________________

How many pieces of equipment need electricity? ______________________________________________________________

Do any machines require any special outlets for operation? Name outlet type: ____________________________