



January 16-22 | Grand Wailea Maui

APPLICATION FOR MAIN MEETING EXHIBIT SPACE

OFFICE USE ONLY

Date Received _____	Cost of Booths _____	Check # _____
Booths Assigned _____	First Deposit Received _____	Balance Due _____

19-1706

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Submitted by _____ Signature _____

Contact Person _____ Email (required) _____

Phone _____ Fax _____ Website _____

Exhibition Space

Single Booth 6'x10' - \$14,400
(total is \$15,000.05 including Maui excise tax)

Island Booth 12'x20' - \$77,300
(total is \$80,521.08 including Maui excise tax)

Will you be displaying a piece of freestanding diagnostic equipment?

Yes No

Exhibitor Cancellation Policy

Any exhibitor who wishes to release assigned space must do so by August 1, 2020 to be refunded all fees paid to date minus a \$1,500 administrative fee. For cancellations of space within August 2 - November 5, 2020, the Exhibitor will be responsible for 50% of the booth fee. Cancellations received after November 5, 2020 will be responsible for 100% of the booth fee. In the event the exhibit hall is sold out and we are able to resell your booth space, the cancellation penalty will be 50% of the rental charge.

Booth Preference

Please list four choices of exhibit space (list booth number from exhibit hall floor plan enclosed). It is suggested that you do not concentrate your choices in one area because many Exhibitors may choose the same area. The meeting reserves the right to rearrange the floor plan or relocate booths.

Preferences:

First _____ Second _____ Third _____ Fourth _____

List any exhibitor you do *not* wish your exhibit to be near:

List any exhibitor you do wish your exhibit to be near:

Premier Exhibitor

Do you want to upgrade to a Premier Exhibitor listing for an additional \$2,000? Yes No

(total is \$2,083.34 including Maui excise tax)

Exhibitor Listing Deadline: November 16, 2020

As a service to attendees and a benefit to exhibitors, a company listing will be included in the program notebook and meeting app. Please be precise in providing information and know that your listing will appear exactly as you provide below. If amendments are needed, please specify in writing to the Exhibit Manager prior to the deadline.

Check if to use contact information written above

Company _____

Street Address _____

City _____ State _____ Zip Code _____

Phone _____ Website _____

Payment

Federal ID #: 27-4318741

You are hereby authorized to reserve the exhibit opportunities indicated below for use at The Meeting. This application is made with the understanding that the applicant agrees to abide by all rules, requirements, restrictions and regulations set forth in this agreement or as may be especially designated by The Meeting, Heallo® LIVE and their agents. Failure to abide by such rules and regulations results in forfeiture of all moneys paid or due Management under terms of this agreement. The total package price is listed above. Exhibit hall listing and exhibit space are not available separately. The undersigned agrees to include a 50% deposit toward the package fee when submitting this application. **Full payment of exhibit space is due by September 4, 2020.**

Enclosed is my check made payable to "Hawaiian Eye Meeting"

I wish to use my credit card to pay for exhibit space: Visa MasterCard American Express

Credit Card Number _____ Exp. Date _____ 3-4 Digit Security Code _____

Print Name _____ Signature _____ Total Amount to Charge \$ _____

Fax, Mail or Email this Form

Fax to: Attn: Stephanie Burleigh • 856-848-3522

Mail to: Attn: Stephanie Burleigh
Hawaiian Eye Exhibits • 6900 Grove Road • Thorofare, NJ 08086-9447

Email to: exhibits@HealloLive.com

Questions?



Contact Stephanie Burleigh at 202-441-9025
or visit www.HealloLive.com

