

## Exhibit Space Request Form

### Exhibitor Information

Company/Organization Name: \_\_\_\_\_

Brief description of organization and/or product/service to be offered or featured (50 words):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Exhibit Space Representative: \_\_\_\_\_

Primary Contact Person (if different from representative listed above): \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Exhibit Table Sign Should Read: \_\_\_\_\_

- Exhibit Space Fee: \$500.00 per table. Exhibit space includes (1) skirted table and (2) chairs.
- Access to wi-fi is included (free).
- Two (2) continental breakfasts are included for one (1) designated representative.
- One (1) designated representative can attend entire conference (workshop, meals, etc) plus have exhibit space for discounted total of \$750.
- Set up is Sunday, Feb 17 from 4:00-6:00 pm EST. All exhibits must be in place by 7:30 am EST, Mon. Feb 17. You may want your exhibit in place by 6 pm Sunday for our evening reception.
- All exhibits must be dismantled by 5 pm EST on Tues., Feb 19.

### Reservation and Payment Information

Purchasing both exhibit space/discounted conference registration? Yes (\$750) No, just exhibit (\$500)

Total Amount Enclosed: \_\_\_\_\_. Make payment to: Attachment & Trauma Network, Inc.

***\*Payment must be received within 10 days of submitting this Request Form and Agreement or paid online.\****

Send company logo (.jpg or .png preferred) to: [conference@attachtrauma.org](mailto:conference@attachtrauma.org)

Mail payment to:

Attachment & Trauma Network, Inc.  
P.O. Box 79181  
North Dartmouth, MA 02747



**Exhibitor Agreement:**

1. Exhibit Space Assignments: Specific location and/or exhibit space assignments will be made at the discretion of the Conference Organizer. The Conference Organizer reserves the right to preview and approve Exhibitor material before the Conference and/or require that materials be removed from the exhibit space if it is deemed that the materials are inappropriate for the Conference.
2. Primary Contact or Exhibit Representative (if different from primary contact): The Primary Contact will name one (1) individual as its duly authorized Exhibit Representative, to have charge of the exhibit, and whom accepts and assumes responsibility for such representative (or alternate) being in attendance at the designated exhibit space throughout the duration of the Conference.
3. Hold Harmless Clause: Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save Attachment & Trauma Network, Inc. (ATN) and its employees and agents harmless against all claims, losses, and damages to persons or property, governmental changes or fines and attorneys' fees arising out of or caused by the Exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof. Exhibitor carries full responsibility of any insurance coverage and recognizes that the Attachment & Trauma Network, Inc. will not have insurance obligations to the Exhibitor.
4. Exhibitor acknowledges that there will be no security guards provided by either ATN or the hotel in the exhibit hall/concourse area throughout the conference and takes full responsibility for attending to and/or securing property of the Exhibitor at all times.
5. Access to electricity is available through the Washington Hilton and is not included in the Exhibitor Fee. The link to ordering electricity is: <https://washingtonhilton.boomerecommerce.com/Pages/Security/Login.aspx?ReturnUrl=%2fPages%2fEvent%2fEventHome.aspx%3fE%3d185&E=185>. You must register as a new user on the Hilton site and then search for conference either by ATN name or by Feb 18-20 date to order electricity. Remember that internet access is available for all attendees/exhibitors for free throughout the conference.
6. Cancellations must be made in writing (email is fine) to the Conference Exhibitor Manager. If notification is received on or before 5:00 pm EST on January 14, 2019, 50% of the exhibitor space fee will be refunded. Cancellation requests after 5:00 pm EST on January 14, 2019 obligates exhibitor to full payment of the space and forfeiture of all monies paid. No refunds will be made after 5:00 pm EST on January 14, 2019. *All refunds will be made by check.*
7. Attachment & Trauma Network, Inc. shall not be liable, either financially or otherwise, in the event that the conference is cancelled, postponed, or relocated on account of fire, strikes, government regulations, casualties, acts of God, or other causes beyond the control of the Attachment & Trauma Network, Inc. In the event that an act of God requires the conference to be cancelled, exhibitor space fees are non-refundable.

\_\_\_\_\_ **By checking this box, I acknowledge I have read and agree to the terms of the above agreement.**

\_\_\_\_\_  
Signature of Primary Contact

\_\_\_\_\_  
Date

