



Exhibitor Application/Contract

OARSI 2019 World Congress on Osteoarthritis • May 2-5, 2019
 Sheraton Centre Toronto Hotel • Toronto, Canada

Company Information

Company: _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____ Fax: _____
 Website: _____

Company Representative and billing address

Name: _____
 Title _____
 Address: _____
 City: _____ State: _____
 Zip: _____ Country: _____
 Phone: _____ a
 mail: _____

Third Party Exhibit Contractor Information (if applicable)

Contact Person: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____ Country: _____
 Phone: _____ Fax: _____
 E-mail: _____

Booth Rates:

	<u>Member/Sponsor</u>	<u>Non-Member</u>
10' x 10' Booth	<input type="checkbox"/> \$2,000 USD	<input type="checkbox"/> \$2,500 USD
Early Bird Rate (Dec. 1, 2018 Commitment)		<input type="checkbox"/> \$2,300 USD
Non-profit—table top	<input type="checkbox"/> \$500 USD	
Total Amount Due:	_____	

Competitors you do NOT wish to be near: _____
 Companies you would like to be near: _____

Company Product Description

Please provide a brief (100 words or less) description of your company's services and/or products to be included in the official program. Your description should accompany your application form.

Exhibit Hours

Thursday, May , 01 7:30-9pm Opening Reception
 Friday, May , 201 10:15am – 5:00pm
 Saturday, May 4, 201 10:15am – 5:00pm

Exhibitor Contract Information

Please read exhibit policies and regulation on page . Upon receipt of payment, the invoice issued to you represents a binding contract.

The undersigned accepts as part of this contract all rules and regulations set forth in the official exhibitor prospectus and exhibitor manual for the OARSI World Congress, which are made a part of this contract, and agrees to comply with the same.

Cancellation

The contracting exhibitor agrees that any cancellation must be made in writing. Requests made 60 days prior to the meeting will incur a \$1000 Cancellation fee penalty. Cancellations received less than 60 days prior to the meeting (after March , 0) will result in a forfeiture of exhibit fees paid to date.

Name: _____
 Title: _____
 Signature: _____ Date _____

Payment Information

Check (see below) Wire Transfer (see below)
 Visa Mastercard American Express

Cardholder Name: _____
 Credit Card Number: _____
 Expiration Date: _____ Sec code: _____
 Cardholder Signature: _____

- Contact Dana Groves, dgroves@oarsi.org for instructions. Most banks charge a service fee for Wire Transfers. These bank charges must be factored in with the total amount due on the invoice and can not be taken from the amount owed.

Checks- If paying by check, we will invoice your company directly using Net 45-day payment terms.

Any company requesting to pay later than Net 0 days after the receipt of invoice, agrees to pay a deposit in the amount equivalent to the cancellation processing fee.

Return completed form, along with payment information to:

Dana Groves, Industry Relations Manager
Phone: (+1) 856-642-4434 ‡ Fax: (+1) 856-439-0525
E-mail: dgroves@oarsi.org