

Company: \_\_\_\_\_ Contact Name: \_\_\_\_\_

Dr. Mr. Mrs. Ms. Prof. \_\_\_\_\_ Title: \_\_\_\_\_

Division: \_\_\_\_\_ Address City/State/Zip: \_\_\_\_\_

Tel: \_\_\_\_\_ Email: \_\_\_\_\_ Web: \_\_\_\_\_

Contact for Logistics (if different from above) \_\_\_\_\_ Email: \_\_\_\_\_

#### EXHIBITOR BENEFITS

- Branding
- Company Description
- Product & Service Tags (searchable via product directory)
- Videos & Downloadable Files to Highlight Products & Services
- Booth Personnel – Contacting booth personnel will be available live (if they are present),
  - by scheduling a video call, or by inquiring with an attendees' email address provided
  - (virtual business card exchange)
- Networking Options: matchmaking, create a favorite list, send a message, request 1:1 meetings
- Advanced Analytics (details about booth visitors, time spent visiting booth & products)
  - Two (2) main conference registrations
  - Two (2) booth-only personnel passes
  - Additional main conference registrations available at a discount for your staff – limited to 5

☐ \$3,500 Standard Rate

**Total Exhibit Fee: \$** \_\_\_\_\_

#### PAYMENT METHOD:

☐ Enclosed is a check or money order payable to Cambridge Healthtech Institute drawn on an U.S. Bank in U.S. Currency.

☐ Charge to credit card (check one): ☐ Visa ☐ MasterCard ☐ American Express

Card Holders Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Card #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

☐ Charge deposit only ☐ Charge entire exhibit cost **Note: If neither is checked, you will be charged the entire cost**  
(Remaining balance will be charged to credit card per terms stated on forthcoming invoice)

#### PAYMENT AND CANCELLATION TERMS:

- A non-refundable deposit of \$1,500 must be paid within 30 days of the contract date.
- The balance must be paid in full within 90 days of the contract date.

#### SIGNATURE:

Signature required: I, (print name) \_\_\_\_\_, have read the terms and conditions of this contract found on the reverse side of this page and have reviewed and agree to the payment terms stated above. I understand that this contract is legally binding between CHI and my company. I am authorized to approve the terms of this contract.

Authorized Signature: \_\_\_\_\_ Email: \_\_\_\_\_ Date: \_\_\_\_\_

Cambridge Healthtech Institute

Attn: Shannon Kresge

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