

2019 SIMB ANNUAL MEETING & EXHIBITION BOOTH APPLICATION

By completing this contract, you agree to the terms and conditions included in this brochure. See the exhibitor cancellation policy.

Instructions

1. Please read the terms and conditions found in this prospectus. Requests for cancellations must be submitted in writing to the SIMB office 30 days prior to show or by June 20, 2019. Upon cancellation, SIMB will use reasonable efforts in the ordinary course of business to resell cancelled space. No refunds will be issued by SIMB after space assignments have been made unless the space is resold. If resold, SIMB will retain an administrative fee equal to 20% of the cost of the total booth space. No refunds will be issued after June 20, 2019..
2. Complete the contract application in full. Sign and return with payment to SIMB, 3929 Old Lee Highway, Suite 92A, Fairfax VA 22030 or email to meetings@simbhq.org. All payments must be made in US funds. A \$40 fee applies to all wire transfers. Space is not confirmed until payment is received.
3. Submit the Representative Information Form and include or email a 50-word company description to tina.hockaday@simbhq.org. NO FAXES.
4. Reminder: Corporate Members save on exhibits and advertising by submitting the Corporate Membership and Advertising Reservation forms.

Booth Space

Number of Booths Reserved	SIMB Corporate Member: _____ @ \$2,700		Non-Corporate Member: _____ @ \$2,900	
	Corporate Standard Plus: _____ @ \$2900		Non-Corporate Standard Plus: _____ @ \$3100	
	Corporate. Prime Space: _____ @ \$3100		Non-Corp. Prime Space: _____ @ \$3300	
	Corporate Double Booth: _____ @ \$5400		Non Corporate Double Booth: _____ @ \$5800	
Booth Choice(s)	1 st _____	2 nd _____	3 rd _____	4 th _____
Competitors we request not to be placed next to: _____				

List company information as it should appear in conference materials:

COMPANY NAME

Address _____

City/State/Zip _____

Contact to receive all show correspondence _____

Contact Title _____

Phone _____

Fax _____

Email (Required) _____

URL _____

I am attaching a 50-word company/booth description.

I am attaching a 50-word Exhibitor Showcase description.

Increase Visibility

Exhibitor Showcases:	SIMB Corporate Member: _____ @ \$250	Non-Corporate Member: _____ @ \$500
Advertising	Look for full details in the Exhibitor Prospectus.	
Sponsorship		

SIGNATURE IS REQUIRED TO HOLD EXHIBIT SPACE

Contract Agreement Signature _____

Date _____

PAYMENT

Please include payment in full with application. Booths will not be confirmed until payment is received. Please see the exhibitor cancellation policy on page 3.

SIMB Fed ID# 35-6026526

Total booth space & exhibitor showcase amount

\$ _____

Send complete form and payment to:

Invoice my company (net 30 days)

Charge to: Visa MC AMEX

Check enclosed (Must be drawn from US bank and payable to SIMB)

Wire Transfer (Add \$40)

Card # _____

Exp. Date _____

Signature _____

Name on card: _____

SIMB • 3929 Old Lee Highway, Suite 92A • Fairfax, VA 22030 • P: 703.691.3357 • F: 703.691.7991 • Tina.Hockaday@simbhq.org