



**SBFC**

**Symposium on Biotechnology  
for Fuels and Chemicals**

**Application for Tabletop Exhibit Space**

**Instructions**

1. By completing this application, you agree to the terms and conditions contained in this brochure, including the cancellation policy contained herein and the Hotel's insurance, damages and indemnification guidelines contained herein.
2. Complete the application in full, listing your tabletop booth choices, representative's names, email addresses, emergency contacts for all representatives, payment information for the booth, exhibitor meal plans, or banquet tickets.
3. Sign and return the application with payment to SIMB, 3929 Old Lee Highway, Suite 92A, Fairfax, VA 22030. Payments must be made in US funds. Please include a \$40.00 Wire Transfer Fee, if applicable. Space is not confirmed until payment is received.
4. Include a 50-word company or booth description or email it to [Tina.Hockaday@simbhq.org](mailto:Tina.Hockaday@simbhq.org) for inclusion in the SBFC program. Faxes are not accepted. **Any writeups received after March 28, 2019 may not be included in the printed program.**

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

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

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

Contact Name: \_\_\_\_\_ Contact Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_ URL: \_\_\_\_\_

Booth Choices    1 \_\_\_\_\_    2 \_\_\_\_\_    3 \_\_\_\_\_    You will be contacted if choice is not available.

Competitors we request not be placed next to: \_\_\_\_\_

List exhibit representatives with full contact information including email addresses and emergency contacts with telephone numbers:

List Representatives

Name & Title		Name & Title	
Address		Address	
Phone	Email	Phone	Email
Emergency Contact		Emergency Contact	
Phone		Phone	

Exhibit Fees	<input type="checkbox"/> \$1,485 SIMB Corporate Member	<input type="checkbox"/> \$1,815 Non-corporate member	_____
	\$325 Exhibitor reception and breaks (per representative, incl. banquet) (#____ x \$325)		_____
	Reception & Banquet tickets only (#____ x \$125 each)		_____
Sponsorship <small>(see page 7)</small>	Session or Event		_____
Total Amount Enclosed			\$ _____

Authorized Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment**

Please include full payment with application. Booths will not be confirmed until payment is received. Please see the exhibitor cancellation policy on page 4-5. SIMB Fed ID# 35-6026526.

- Check enclosed. Payable to SIMB. Funds must be drawn from a US bank.
- Credit Card     Visa     MasterCard     Amex
- Wire Transfer (Additional \$40 fee applies)

Credit Card # \_\_\_\_\_  
 Name on Card \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Signature \_\_\_\_\_

**Send Application  
and Payment To:**

SIMB • 3929 Old Lee Highway, Suite 92A • Fairfax VA 22030  
 T: 703.691.3357 x24 • F: 703.691.7991 • [Tina.Hockaday@simbhq.org](mailto:Tina.Hockaday@simbhq.org) or [meetings@simbhq.org](mailto:meetings@simbhq.org)