

APPLICATION / CONTRACT FOR EXHIBIT SPACE

THE BOSTON LYMPHATIC SYMPOSIUM

*For Payment,
check is preferred

- Exhibit virtually at **CLINICAL SYMPOSIUM** – November 5-6, 2021
- Exhibit virtually at **PATIENT SYMPOSIUM** – October 30, 2021
- Exhibit virtually at **BOTH VENUES** – October 31, 2021 AND November 5-6, 2021

COMPANY NAME: _____

ADDRESS: _____

CITY _____ STATE _____ ZIP CODE _____

COUNTRY _____ EMAIL _____

PHONE _____ FAX _____

CONTACT (person to whom contract and meeting information should be sent):

Name/Title

PRODUCT DESCRIPTION _____

(Use separate sheet if needed)

If the contact person for the exhibitor listing is not the same, please list name and contact information (phone and email) of the on-site representative.

You agree to pay the total fee of \$_____ plus any additional registration or sponsorship fees by **October 15, 2021**. You agree to abide by all the regulations set forth in the accompanying brochure, which is made part of this contract, and to all conditions under which the exhibit space in the meeting venues are leased to The Boston Lymphatic Symposium. No refund of any payment will be allowed for voluntary cancellation after **October 31, 2021**.





Payment Information:

Check made payable to: **Boston Lymphatic Symposium** (Please keep a copy of the application and return the original to:

Boston Lymphatic Symposium
333 South State St, V-324
Lake Oswego, OR 97034

CREDIT CARD PAYMENT

Gold Level	\$15,000
Silver Level	\$10,000
Bronze Level	\$5,000

Sponsorship \$ _____ Please charge our:    

Name as it appears on your card (please print)

Card Number

CVV code

Exp. Date

Signature of Card Holder (*Required)

(Billing Address, if different from Application address)

We understand that if we reserve exhibit space and do not show to claim such space, the exhibit fee is not waived and is due, payable to The Boston Lymphatic Symposium.

You agree to pay the total fee of \$ _____ plus any additional registration or sponsorship fees by **October 15, 2021**. You agree to abide by all the regulations set forth, and to all conditions under which the exhibit space in the Clinical Symposium are leased to The Boston Lymphatic Symposium. No refund of any payment will be allowed for voluntary cancellation after **October 31, 2021**.

In connection with your participation, please sign and return a copy of this agreement to acknowledge that you agree to hold our joint provider, **Amedco, and Well Assembled** harmless from any liability, damages, or costs (including reasonable attorneys' fees) that may arise as a result of your exhibiting at this CEU/CME activity.

Without limiting the breadth of this hold harmless agreement, you acknowledge that it shall extend to include the loss, damage, or theft of any equipment or materials you bring to the conference site as well as injuries that any of your employees or agents may incur.

Again, thank you for your participation in what will be a successful conference. Please return by email or fax.

You acknowledge and agree to the hold harmless provisions set forth in this letter.

Please signify your acceptance of these guidelines

- You acknowledge the Exhibitor/Commercial Support Representative Guidelines and agree that you will abide by those guidelines.

Signature

Date

Print Name

Company Name