## PADONA's 35th Annual Convention – March 29 – March 31, 2023 HOTEL HERSHEY - HERSHEY, PENNSYLVANIA

## REGULAR EXHIBIT SPACE CONTRACT

Con	npany Name Above (Pleas	se Type or Print All I	nformation)					
Description	n of Company Products o	r Services Above ↑ /	Address belov	<i>w</i> ↓:				
Street	City		State	Zip				
Name, Telephone N	Number & E-mail Address	s of Person to Receive	e Confirmation	n Materials Above				
List Representative(s) and Titles who will Operate Exhibit Booth (2)								
Limited to 2 people. Add	litional representatives ca	n be registered for \$2	260 per additio	onal representative.				
FOR CONTINUING COVID-19 PATHAT YOU ARE FULLY VACCI	ANDEMIC CONCERS NATED, INCLUDING	NS, YOU WILL B BOOSTER, AT	E REQUIR REGISTRA	ED TO SHOW PROOF TION				
EXHIBITOR SPACE FEES (50% De	posit Must Accompany (	Contract):						
Registration with Deposit prior to September 30, 2022 - Balance must be received by September 30, 2022 to guarantee price or next higher rate applies				Agency Members \$1,950.00 Non Agency Members \$2,350.00				
Registration with Deposit after September 30, 2022 but prior to December 31, 2022 - Balance must be received by December 31, 2022 to guarantee price or next higher rate applies				Agency Members \$2,500.00 Non Agency Members \$2,900.00				
Registration with Deposit after December 31, 2022 - Balance must be received by February 1, 2023 to guarantee exhibit space				Agency Members \$2,950.00 Non Agency Members \$3,450.00				
Type of Display								
Table Top Display Floor Standing Display								
** Large Medical Equipment								
** Large medical equipment displays wil	l be limited to the first five e. displays to accommodate			tional charge for large equipment				
Each Exhibit Space is Approxima Chairs, and Identifying Sign. Elec		needed. Internet	connection					
	<u>Electric</u>	eity Needs						
YES, I need electricity at my boothNO, I do NOT need electricity at my booth								
Please specify what type of equipment will be used with the electrical outlet and voltage:								

**CANCELLATION POLICY**: Cancellations will not be accepted for refunds after January 1, 2023. Any exhibitor cancelling after this date is liable to pay the full exhibit rental fee. Cancellations received prior to January 1, 2023 shall receive a 50% refund.

SECURITY AND LIABILITY: Hotel security will be provided during the non-exhibit hours. However each exhibitor must make provisions to safeguard their goods from the time they are placed in the area until they are removed at the end of the convention. Space is leased with the understanding that PADONA and the contracted hotel assume no liability whatsoever for damages, for any act of omission or commission in connection with said agency, and that the exhibitor and his representative hereby releases PADONA and contracted hotel from any or all liability for loss ensuing from any cause whatsoever. Exhibitor assumes entire responsibility and hereby agrees to protect, indemnify, defend and save PADONA and contracting hotel and their employees and agents harmless against all claims, losses or damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises, except to the extent that such claims, losses or damages is caused by the negligence or willful misconduct of PADONA or contracting hotel and their employees and agents. (over)

	Nam	e of Company			
Authorized Repres	sentative:				
	(Print or Type Name & Title)		(Signature)		
Telephone Numbe	r: Cell l	Number:		Date:	
Note: All unsign	ed contracts will be returned. Please ma	ke all checks pa	nyable to PADONA	(Federal Tax I.D. 23	3-2520948)
	To pay by credit card ( <u>preferred</u> ), si fax with contract to (856)780-5149 (no				
NICYY A INI	All contracts with payment by				- EL 221/2
	DRESS: PADONA · Candace Jones, A mal information contact: Candac				
	PADONA / LTC CREDI	T CARD A	UTHORIZAT	TION FORM	
Please complet	te the following Credit Card Author	orization in or	der to allow us to	process your pay	ment.
authorize PA	DONA/LTC to bill my valid credi	t card immed	ately for the item	noted below.	
	Payr	nent Inforr	nation:		
	Name as it appears on credit card:				
	Type of credit card: □ AMEX	□ Discover	□ MasterCard	□ VISA	
	Card Number:				_
	Expiration Date:				_
	Amount to be charged to card: _				
	<u> </u>				•
	For:				•
	E-mail address where receipt will	be sent:			-
	Name:		Date:		
		(Print)			_

(Your credit card information will be used only as necessary to process payment and will not be shared with any other party except as may be required by law.)

Your form may be e-mailed to <a href="mailed-to-giones@padona.com">cjones@padona.com</a> or faxed to 856-780-5149.

Signature: \_