PADONA's 32nd Annual Convention – April 1-3, 2020 HOTEL HERSHEY - HERSHEY, PENNSYLVANIA EXHIBIT SPACE CONTRACT

Con	npany Name Above (Please Type or Pr	rint All Information)		
Descriptio	on of Company Products or Services A	bove ↑ / Address below ↓:		
Street	City	State	Zip	
Name, Telephone I	Number & E-mail Address of Person to	Receive Confirmation Ma	aterials Above	
List Representative(s) and titles				
	ditional representatives can be register	ed for \$240 per additional r	epresentative.	
EXHIBITOR SPACE FEES (50% De	posit Must Accompany Contract):			
Registration <u>with Deposit</u> after August 1, 2019 Balance must be received by January 3, 2020 to guarantee exhibit space		Ag Non Ag	Agency Members \$2,650.00 Non Agency Members \$2,950.00	
Please Complete The Following Inf	formation Concerning Your Display:			
Table Top D	isplay Floor Standing Disp	lay Large Medi	ical Equipment *	
*Large * After 10 are	medical equipment displays will be l reached, exhibitors will be restricted to	imited to the first ten exhi to a table top or floor standing	bitors. ng display.	
Exhibit Fee Includes One Six Foot 7 The hotel will charge e	Table, Table Skirt, Two Chairs, Identif xhibitor directly for the use of their elegence	ying Sign and No Telephon ectrical extension cords or p	e or Internet Connection. power strips.	
Please specify	what type of equipment will be used with	the electrical outlet and voltag	ge:	
CANCELLATION POLICY: Cancellations pay the full exhibit rental fee. Cancellations r	will not be accepted for refunds after Janu received prior to January 3, 2020 shall rece	ary 3, 2020. Any exhibitor ca ive a 50% refund.	anceling after this date is liable to	
SECURITY AND LIABILITY: Hotel security their goods from the time they are placed in PADONA and the contracted hotel assume not and that the exhibitor and his representative whatsoever. Exhibitor assumes entire response employees and agents harmless against all cla of or caused by exhibitor's installation, remov or damages is caused by the negligence or will	the area until they are removed at the end b liability whatsoever for damages, for any hereby releases PADONA and contracted sibility and hereby agrees to protect, indem tims, losses or damages to persons or proper val, maintenance, occupancy or use of the e	of the convention. Space is le act of omission or commissio hotel from any or all liability nify, defend and save PADON erty, governmental charges or exhibition premises, except to	eased with the understanding than n in connection with said agency for loss ensuing from any cause JA and contracting hotel and their fines and attorney fees arising our the extent that such claims, losses	
PAYMENT IN FULL NOT	RECEIVED BY JANUARY 31, 2020	RENDERS CONTRACT N	NULL AND VOID.	
Printed Name, Title and Signature of Au	thorized Representative for above named c	ompany:		
(Print or Type Name &	Title Above)	(Signature Abov	/e)	
Telephone Number:	Cell Number:	Date: _		
Note: All unsigned contracts will be	returned. Please make all checks pa	yable to PADONA (Feder	al Tax I.D. 23-2520948)	
), simply complete the credit card at 856)780-5149 (no cover sheet requir			
	with payment by check are to be forwa ones, Administrative Director · 6103			

For additional information contact: Candace McMullen, Executive Director at <u>cmcmullen@padona.com</u>