EXHIBIT SPACE CONTRACT

IMPORTANT INSTRUCTIONS: Please clearly print or type on this contract. Return completed contract along with payment.

May 1–4, 2019 • King of Prussia, PA

Our company, ______, would like to exhibit at POMA's 111th Annual Clinical Assembly & Scientific

Seminar, which has show days from May 1–2, 2019, at the Radisson Valley Forge & Valley Forge Event Center in King of Prussia, Pennsylvania.

1. BOOTH SELECTION

Orders for exhibit location are to be made on this contract. Exhibit space is confirmed in order of receipt of the completed contract with payment. Exhibit companies agree to accept relocation should it become necessary for causes beyond the control of the Exhibit Chairman or advisable in the best judgment of the Exhibit Committee. Exhibit companies agree to abide by the rules and regulations as outlined in the exhibit prospectus, which is part of this contract. POMA reserves the right to assign the next-best substitute space if your choice is not available.

Booth Choices: 1._____ 2. 3.

We wish to be in close proximity to the following companies:

Products or services to be exhibited include:

We do not wish to be in close proximity to the following companies:

2. EXHIBITOR REGISTRATION INFORMATION Primary Contact Name: _____ February 28, 2019. Company Name: _____ Total Amount Enclosed \$ Address 1: Address 2: City: Cradit Card

State:	Zip Code:		
		Exp. Date: CVV:	
Work Phone:			
		Name on Card:	
Cell Phone:			
		Authorized Signature:	
Email:			

3. EXHIBIT BOOTH FEES		
Standard Booth	\$2,000	
🗅 Corner Booth	\$2,400	
🗅 Electricity (15 amp)	\$159 if ordered by 4/16/19	

Each 10 x 10 booth receives 4 Badges. Additional badges can be purchased for \$175 each. A minimum deposit of \$850 must accompany this contract to reserve your booth space.

4. PAYMENT INFORMATION

I agree to pay the full amount of our exhibit space contract no later than

Check (Payable to POMA) Check #:

Mail checks to: POMA. 55 Ferncroft Road. Danvers. MA 09123

Charge to: 🗆 VISA 🗅 MasterCard 🗅 American Express 🗅 Discover

Billing address if different:

When paying by credit card, applications may be scanned to: poma@conventusmedia.com or fax to 866-334-4219.

