

EXHIBIT SPACE CONTRACT

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

POMA20

April 29 – May 2, 2020 • King of Prussia, PA

Our company, _____
would like to exhibit at POMA's 112th Annual Clinical
Assembly & Scientific Seminar, which has show days from
April 29 – May 2, 2020, at the Valley Forge Event Center in
King of Prussia, Pennsylvania.

1. EXHIBITOR REGISTRATION INFORMATION

Primary Contact Name: _____

Company Name: _____

Address 1: _____

Address 2: _____

City: _____

State: _____ Zip Code: _____

Work Phone: _____

Cell Phone: _____

Email: _____

2. EXHIBIT BOOTH FEES

<input type="checkbox"/> Standard Booth	\$2,000
<input type="checkbox"/> Corner Booth	\$2,400
<input type="checkbox"/> Electricity (15 amp)	\$159 if ordered by 4/14/20

3. EXHIBIT STAFF NAME BADGES

Each booth receives 4 name badges for exhibit staff representatives.
Additional badges can be purchased for \$175 each.

Number of Additional Badges: _____

4. 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.

Products or services to be exhibited include: _____

Booth Choices: 1. _____

2. _____

3. _____

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

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

5. PAYMENT INFORMATION

☐ I agree to pay the full amount of our exhibit space contract no later than February 20, 2020.

Total Amount Enclosed \$ _____

☐ Check (Payable to POMA) Check #: _____

Mail to: POMA, 1330 Eisenhower Blvd., Harrisburg, PA 17111

☐ Credit Card: ☐ VISA ☐ MasterCard ☐ American Express ☐ Discover

Card #: _____

Exp. Date: _____ / _____ Security Code: _____

Authorized Signature: _____

Credit card payments are to be submitted to POMA c/o Susan DePue via email to sdepue@poma.org; fax (717) 939-7255; phone (717) 939-9318 x160; mail to POMA, 1330 Eisenhower Blvd., Harrisburg, PA 17111.

