



67th Annual IHS Convention & Expo  
Renaissance Hotel & Spa  
Glendale, AZ  
September 13-15, 2018

**Contract for Exhibit Space**

We hereby apply for exhibit space for our use at the 67<sup>th</sup> Annual IHS Convention & Expo. We understand that IHS is solely responsible for all exhibit space assignments. We understand that this application becomes a contract when signed by us and accepted by IHS. We agree to comply with the Official Convention Rules and Regulations and the conditions of the Contract for Exhibit Space, and with all the conditions under which convention services and facilities are provided to IHS. If application is accepted, we agree to be bound by their terms.

Full payment is due with application for space. IHS accepts payment by Visa, MasterCard, American Express, Discover or check. Exhibitor Staff registration and advertising & sponsorship opportunities will be sent to you upon acceptance of Contract for Exhibit Space.

**Contact Information**

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City/State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

*I am the official representative of the exhibitor company and have the authority to act on behalf of the company in all matters relating to the IHS Convention & Expo. It is my responsibility to provide information to other persons within the company, as necessary.*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Booth Selection – please provide your top 4 selections.**

Preferred Booth Location: 1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_ 4.) \_\_\_\_\_

**Preferred Placement**

If possible, our exhibit should not be adjacent to or opposite the following exhibitors/products: \_\_\_\_\_

**Space Reservation**

Standard Booth (10' x 10') # of booths x \$2,600 = \$ \_\_\_\_\_

Premium Position Booth (10' x 10') # of booths x \$2,700 = \$ \_\_\_\_\_

Deluxe Booth (10x20) \$4,700= \_\_\_\_\_ Total Due \_\_\_\_\_

Charge to:  American Express  MasterCard  Visa  Discover  Check enclosed (payable to IHS)

Cardholder Name: \_\_\_\_\_

Billing Address (if different from above): \_\_\_\_\_

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_