



## Exhibit Space Contract

Prior to completing this Exhibit Space Contract, please review the Contract Conditions/Rules & Regulations on the following pages. Please complete this form and return it with payment. A 50% deposit must accompany this Exhibit Space Contract for it to be considered complete. 100% due with Contract if submitted after 19 June 2008

**Company Information:** (Please list your company as you would like it to appear in all Show Material or attach a business card.)

Company: \_\_\_\_\_ Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

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

State: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_ E-mail: \_\_\_\_\_ www: \_\_\_\_\_

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

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

### Exhibit Selections:

Size of booth requested: \_\_\_\_\_ m x \_\_\_\_\_ m. = \_\_\_\_\_ total sq meters

Booth Locations: 1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice: \_\_\_\_\_ 3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice: \_\_\_\_\_

Please specify companies you do not wish to be near: \_\_\_\_\_

### Vendor Presentations: (Dates and Time to be determined)

Vendor Presentations will be assigned on a first-come, first-served basis, 16 sessions are available. Limit of one (1) session total per exhibiting company. A 50% cancellation fee will be assessed for any session canceled before 19 June 2008. If all sessions are assigned at the time of this application, companies are placed on a waiting list in order of receipt.

Yes, we wish to participate in a 30-minute Vendor Presentation: Cost 1500 Euro per 30-minute session

### Exhibit Fees:

- Early rate is 2.700 Euro on or before 19 June 2008
- Regular rate is 3.200 Euro after 19 June 2008

### Total Cost:

Exhibit Space:

2.700 Early rate on or before 19 June 2008

3.200 Regular rate after 19 June 2008 = Euro \_\_\_\_\_

Vendor Presentation: 1.500 Euro (100% due with application) = Euro \_\_\_\_\_

VAT TBD = Euro \_\_\_\_\_

**Total participation payment = Euro \_\_\_\_\_**

### Payment Information:

Credit Card:  American Express  VISA  MasterCard in the amount of \$ \_\_\_\_\_

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

Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

### Credit Card on File:

Community Connect Europe requires an active credit card on file for the contract to be considered complete. The credit card will only be charged if full payment is not received within 5 business days prior to the conference. In the event of a cancellation and/or reduction of more than 50% of the original contracted space after 19 June 2008 and the full payment has not been received, the credit card will be charged.

Credit Card:  American Express  VISA  MasterCard in the amount of \$ \_\_\_\_\_

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

Name as it appears on the card: \_\_\_\_\_ Signature: \_\_\_\_\_

Exhibitor agrees to abide by the payment terms and the 2008 Exhibitor Rules and Regulations which are made a part of this contract by reference and are fully incorporated herein. The undersigned is empowered to enter into the contracts on behalf of the exhibiting company. This is not a binding contract until the deposit is received and signed by Community Connect Europe.

Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Accepted by Community Connect Europe: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please fax or email the form in.

### Return to:

Payment by Credit Card: Fax. +1.312.644.0575; Attn: Sara Kolovitz; phone +1.312.673.4779, skolovitz@CommunityConnectEurope.org

Payment by Wire Transfer: Please contact +1.312.321.6851 for information