presents EXCIPIENTFEST Americas

April 30th & May 1st, 2013
Renaissance Harborplace Hotel
Baltimore, MD

EXHIBITOR / SPONSOR CONTRACT

Excipientfest Inc. PO Box 373190, Cayey, PR 00737 / marisol.perez@excipientfest.com Tel (787) 714-3000, Fax (787) 714-6000

Exhibition Hours: *Tuesday, April 30th 9:00am - 6:00pm / Wednesday, May 1st 9:00am - 6:00pm*

ExcipientFest hereby agrees to allocate exhibit space to Exhibitors for the above Conference upon a first come- first serve basis. The Exhibitor will comply with all terms and conditions set forth in this contract.

Cost of Booth:

☐ **GOLD** ***Speaker*** **- $4,800** *(6 complimentary Passes)*

☐ **SILVER - $3,900** *(4 complimentary Passes)*

Booth Space for Gold or Silver: *(refer to floor plan)* 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Conference-Room Meeting Area: *(refer to floor plan)*
$1,800 each, includes both days & special set up _____

Private-Table Meeting Area: *(refer to floor plan)*
$800 each, includes both days 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Total Meeting Areas: _____ **Total Fees:** $ _____

Exhibitor Information *(All Exhibitor complimentary passes must register online as an Attendee):*

Company Name: _____

Principal Exhibitor Contact-Name and Title: _____

Mailing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Fax: _____

Email: _____ Web Site: _____

Contract Conditions & Payment policy:

- ExcipientFest is not responsible for damages or loss to private property before, during or after the event.
- Minimum 50% deposit with the submission of the contract.
- The balance to be paid by January 31st, 2013 (contract deadline)

Cancellation policy:

There will be a 50% cancellation charge if any part of this contract is cancelled before January 31, 2013. If cancelled after January 31, 2013, no refund will be granted. ExcipientFest reserves the right to cancel any commitment or contracts if the Company fails to comply with the conference rules and regulations of this contract.

I hereby state that I understand and agree that this contract will be invalidated if our company does not comply with the above payment policy or the rules and regulations. I understand that the cancellation policy will also apply.

Authorized Signature: _____ **Date:** _____

Name (please print): _____

Payment Method:

☐ VISA (MASTER CARD) ☐ AMERICAN EXPRESS

Cardholder Name: _____

Card Number: _____ **Exp. Date:** _____

☐ CHECK or MONEY ORDER *(Payable To:* ***ExcipientFest Inc.****)*
If check, print out form and mail with check to PO Box 373190, Cayey PR 00737