

1 EXHIBITOR INFORMATION PLEASE PRINT

Company Name: _____
 Contact Name: _____
 Address: _____
 City: _____ Province / State: _____ Zip: _____ Country: _____
 Phone: (_____) _____ Fax: (_____) _____
 Email: _____ *Website: _____
 Phone: (_____) _____ Fax: (_____) _____
 Email: _____
 Please indicate your contracted 2020 IECSC Chicago Booth Number(s): _____

2 CLASSROOM & FEES (CONTRACTED CLASSROOMS, DAYS AND TIMES BELOW)

Classrooms are assigned on a first come, first served basis. We will do our best to accommodate your request, but availability is not guaranteed. If your request is accommodated, you will be notified by email. At that time, full instructions for submitting session details will be provided. You will be required to provide session details no later than October 16, 2019, or forfeit the entitlement to have your session advertised in some or all promotional materials. Room assignments will NOT be made without appropriate deposit. **PLEASE NOTE: Because of limited PFE classroom space, Show Management is required to limit each exhibitor to a maximum of 2 PFE time slots per day.**

Classroom Timeslot #1 Room #: _____ Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom Timeslot #2 Room #: _____ Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom Timeslot #3 Room #: _____ Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD
Classroom Timeslot #4 Room #: _____ Day(s): _____ Time(s): _____ Total Classroom Cost: _____ USD

Total number of time slots requested _____

All classrooms will come with the following furnishings:

- One wired microphone
- Limited electrical (wall plugs only)
- One lectern/podium
- Chairs set theatre style to maximum capacity
- One projection screen
- One projection equipment stand
- Head Table
- One skirted head table

All audio visual is the responsibility of exhibitor and may be ordered through the IECSC official audio visual contractor.

Show Management reserves the right to change classroom location at any time. Should such occasion arise, Show Management will offer comparable alternatives. Exhibitor agrees to submit session details in accordance with the instructions that are set forth by Show Management, otherwise forfeit the opportunity to have their session publicized in all attendee promotional vehicles. Show Management will not be responsible for non-publishing of session details where exhibitor has failed to meet deadlines or provide materials in required formats.

Check # _____ Make Check Payable to Questex LLC
 Credit Card (check one): American Express Mastercard VISA
 (Credit card charges will appear on your statement as Questex LLC)
 CARD NO: _____ EXP. DATE: _____ SEC. _____
 CODE: _____
 CARDHOLDER NAME: _____
 SIGNATURE: _____

PAYMENT SCHEDULE:

Upon Signing **50% Due** with application/contract
 December 20, 2019 **100% Due**
 Room assignments will NOT be made without appropriate deposit.

FOR OFFICE USE ONLY

Date Rec'd: _____
 Total Price: _____
 Payment Rec'd: _____
 Balance Due: _____
 Accepted By: _____

Classroom #1 Assigned

Classroom #2 Assigned

Classroom #3 Assigned

Classroom #4 Assigned

Please complete and return with payment to:

PAYABLE TO:

Payable to: Questex LLC / IECSC Chicago

Questex LLC
 PO Box 959635
 St. Louis, MO 63195-9635
 Fax: 212.895.8209

WIRE TRANSFERS:

For information on how to Wire Transfer payment, please contact Steven Jaillet at 617.219.8360.

QUESTIONS?

Please contact:
 Tel: 212.895.8234
 Web: www.iecsc.com

3 SIGN HERE

Exhibitor understands that this Agreement shall be legally binding between Questex LLC and the Exhibitor only upon acceptance in writing by Show Management. Exhibitor also understands that any changes in the information in this Agreement must be provided to Show Management in writing. This Agreement may be executed and delivered by facsimile and a facsimile signature shall be treated as an original.

Exhibitor's Authorized Signature: _____ Date: _____
 Name (Please Print): _____ Title: _____
 Show Management: _____ Title: _____