

Exhibitor Registration Form

Representative Name: _____

Company Name: _____

Representative's Phone #: _____

Address: _____

E-Mail Address (please complete): _____

Exhibit Location: Disney's Grand Floridian Resort & Spa

Exhibit Date: July 22 - 24, 2021, 7 a.m. – 12:45 p.m. on Thursday, 7 a.m. – 12:30 p.m. on Friday -Saturday

Exhibit Set-Up Time: Thursday, July 22 from 6 a.m. – 7 a.m. or 7:30 a.m. – 9:45 a.m.

(NOTE: Exhibits must be in and set-up prior to start of first day of the conference.)

Exhibit Fee Includes: One 6 X 30' table, trash bin, and 2 chairs

Exhibit Fee: \$1,500

Name(s) of person(s) (limited to 2 per exhibit) who will be at booth: (please type or print)

Name: _____ **Name:** _____

Exhibitor Equipment: Please list below all items of equipment you will be bringing for your display:

_____ Electrical Outlet Requested

Note: Exhibits are for informational purposes only. Please, NO sales on premises.

Cancellation Policy: This agreement may be cancelled no later than one month prior to the above mentioned event without penalty upon giving written notice to the Nemours' CME office. Cancellation after this date will result in forfeit of the exhibitor's fee.

Exhibitor's Fee Due: _____.

Payment may be made by VISA, MasterCard, American Express or Discover

Account #: _____ **CVN#:** _____ **Expiration Date:** _____

Name, if different from above: _____

Signature: _____

(Exhibitor's Signature and Date)

Once form is completed, please return to me via email.

Questions: If you have any questions, please contact Ivy Gato-Gomez, 407-414-2679 or at ivy.gato-gomez@nemours.org

Space for Use by CME Office

Amount Due _____

Date Received _____

Total Paid _____