

2023 Exhibitor Registration Form

Exhibit Coordinator Name: _____

Company Name: _____

Representative's Phone #: _____

Address: _____

E-Mail Address (please complete): _____

Exhibit Location: Disney's Grand Floridian Resort & Spa

Exhibit Date: July 20 - 22, 2023, 7 a.m. – 12:45 p.m. on Thursday, 7 a.m. – 12:30 p.m. on Friday, 7 a.m. – 12:30 p.m. on Saturday

Exhibit Set-Up Time: Wednesday, July 19 before 1:00 p.m. or Thursday, July 20 from 6 a.m. – 7 a.m.

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

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

Exhibit Fee: \$1,500

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

Name/Email: _____ **Name/Email:** _____

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, @ivy.gato-gomez@nemours.org

Space for Use by CME Office

Amount Due _____

Date Received _____

Total Paid _____