



EXHIBITOR AGREEMENT

March 19, 2016

7:30 AM – 6:30 PM

EmblemHealth 55 Water Street (Corner of Old Slip) New York, NY

**EXHIBITOR SET UP: Friday 03/18/2016 12:00 – 5:00 PM and Saturday 03/19
6:00 – 7:30 AM (Set up Times subject To Change)**

**** PRE-SHIPMENT OF MATERIALS IS HIGHLY RECOMMENDED and is allowed prior to the Summit no earlier than Wednesday, March 16 (Please provide us with an estimate of your pre-shipped items as early as possible.)**

Shipped to: EmblemHealth 55 Water Street, New York, NY – Attention Carl Lancaster

IF LOAD IN ON SATURAY IS NECESSARY EXHIBITORS WILL HAVE TO WALK IT IN THROUGH THE FRONT OF THE BUIDLING NO EARLIER THAN 6:30 AM.

PARKING IS AVAILBLE UNDER THE BUILDING

**DOORS OPEN TO THE PUBLIC: Saturday 3/18 7:30 AM – 6:30 PM
(President's Reception will continue after hours.)**

Vendor Clean up: MUST be packed up by 8:00 PM on Saturday

**FILL OUT THIS FORM COMPLETELY AND FAX IT TO 914-305-6675 OR
SCAN AND EMAIL TO INFO@COLONCANCERCHALLENGE.ORG**

Booth Name: _____
(As you would like it to appear on your exhibit space sign. Please Print)

Please list your Organization's Mission Statement: (be as specific as possible). You will be requested to remove merchandise not detailed and approved on this form:

For More Information, Please Contact: Colon Cancer Challenge Foundation
10 New King St., Suite 202, White Plains, NY 10604
Phone: 914-305-6674 Fax: 914-305-6675 E-mail: info@coloncancerchallenge.org

Contact Name: _____

Address: _____

Phone Number: _____ Fax Number: _____

E-mail Address: _____

Website: _____

All exhibits include:

- One 6' covered table per exhibit
- Two (2) chairs per booth
- One printed sign with organization's name

All Exhibitors are required to provide a Certificate of Liability Insurance naming the Colon Cancer Challenge Foundation and EmblemHealth as additionally insured.

Please send your applications in as soon as possible to ensure sufficient turnaround time.

Booth Package – please check one:

- _____ Standard Booth - For Profit (10 x10) - \$2500
- _____ Standard Booth - Not For Profit (10 x10) - \$750
- _____ Sponsor a Survivor/Caregiver - \$1500 ea. (to cover travel/lodging and meals)

Credit Card Information:

Credit Card Type: (Visa, MasterCard, Discover only): _____

Credit Card Account Number: _____

Expiration Date: _____ Security Code: _____

Name as it appears on the card: _____

Billing Address: _____

City: _____

State: _____ Zip: _____

Charges will appear on your Credit Card Statement as: **Colon Cancer Challenge Foundation**

Signature: _____

This signature confirms that you have read and understand the terms below. Booth reservations are binding and non-cancelable or transferable. Colon Cancer Challenge Foundation reserves the right to approve all exhibitors.

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