

XII International Celiac Disease Symposium 2006

EXHIBITOR APPLICATION

Company/Organization _____

Indicate how you would like your company name to appear on the XII International Celiac Disease Symposium 2006 print materials and website.

Promotional Materials and Listings

This is how your organization will be listed in all XII International Celiac Disease Symposium 2006 print material and website listings.

Contact Person

Choose your contact person carefully. This person will receive all communications including: invoices, deadline reminders, exhibitor service kits and other official correspondence. The main contact person will also be responsible for disseminating information as appropriate and will be required to register exhibit booth personnel using the complimentary registration provided upon confirmation of your exhibit space.

Main Contact Person: _____

Title: _____

Mailing Address: _____

City: _____

State: _____

Country: _____

Postal Code: _____

Phone: _____

Fax: _____

E-mail: _____

Company/Organization Website: _____

Changes to the main contact, company name and/or other contact details must be submitted in writing to the Exhibits Team at celiac@columbia.edu.

Preferences

Applicants may indicate competitors that should be considered by Exhibits Management when making booth assignment. Exhibits Management will make every attempt to adhere to your preference; however final assignments are at the discretion of Exhibit Management. Please do not place me near the following companies/organizations:

Service Kits

The main contact will receive an Exhibitor Service Kit that includes deadlines, policies, procedures and forms for furnishings and other equipment, utilities and amenities. The service kit will also be available online in the exhibits module.

Exhibit Rates & Payment

Exhibit Fee:	\$2500 for each 8' x 10" exhibit space
Corner Booth Fee:	\$400 (in addition to overall booth fee)*

All fees are payable in US Dollars. The exhibit fee is \$2500 for each 8'x10' standard exhibit space. Each exhibit space will be set with an 8' back drape and 36" inch high side dividers, (1) 6' draped table, (2) side chairs, (1) wastebasket, (1) 7" x 44" one-line identification sign and fully carpeted.

**Corner booths cannot be guaranteed. Applicants will not be charged additional fees until booth assignments are made. No additional fee will be charged if show management is unable to comply with corner request.*

Preferred Amount of Exhibit Space

Please indicate the total number of standard exhibit spaces you would like _____.

Exhibit booths will be assigned on a first-come, first-serve basis with preference given to sponsors and past exhibitors. Exhibits Management will make every attempt to accommodate your exhibit size, configuration and preferences. However, the final arrangements will be determined by Exhibits Management.

Payment

Upon confirmation of your Exhibitor Application, a confirmation package will be sent to the designated contact person indicated on the application with invoice and payment instructions. 100% of exhibit fees are due upon confirmation of your exhibit space. Payment will be considered late after 10 days and may result in loss of exhibit space. Payment will only be processed after exhibit space is assigned. Applications are considered contracts once countersigned and/or confirmed by show management.

Make checks payable to "Celiac Disease Center at Columbia University." Company name, invoice number and the code "Exhibit 2006" must be indicated on check stub to expedite payment. All fees are payable in US dollars.

Credit Cards

The Celiac Disease Center at Columbia University will accept Master Card, VISA or American Express credit cards for exhibit booth payments. Credit cards may be submitted using the exhibit booth confirmation notice emailed to the main contact upon booth assignment. Exhibitors will have the option of printing an invoice to be faxed or mailed with booth payment. Credit card details that are faxed or mailed with the Exhibit Booth Application will not be processed until a booth has been assigned. Credit card details will be automatically submitted for payment once a space has been assigned.

Checks

Checks must be made payable to "**Celiac Disease Center at Columbia University**" and should include company name and invoice number along with the code "**EXHIBIT 2006.**"

Checks should be mailed to:

Celiac Disease Center at Columbia University
Harkness Pavilion
180 Fort Washington Avenue
Suite 934
New York, NY 10032

Sponsorship Fees \$ _____ (US)

Exhibit Fees \$ _____ (US)

(If additional exhibit space is requested and/or applicable)

Total Fees \$ _____ (US)

Payment Enclosed \$ _____ (US)

(100% of sponsorship fees and exhibit fees are due upon confirmation)

Credit Card Payment: Visa MasterCard AMEX

Card Number: _____ Expiration: _____/_____/_____

Card Holder's Name (please print): _____

Card Holder's Address (please print):

Card Holder's Telephone: _____

Card Holder's Fax: _____

Card Holder's E-mail: _____

Signature _____

Application Submission Authorization

Application to exhibit at the XII International Celiac Disease Symposium 2006 indicates the applicant's willingness to abide by all exhibit terms and conditions and general regulations listed in the Sponsor and Exhibitor Prospectus and website as well as such additional rules and regulations as Exhibits Management deems necessary to the success of the exhibition, provided the latter do not materially alter the exhibitor's contractual rights. This application will become a contract when countersigned by Show Management. The Celiac Disease Center at Columbia University reserves the right to review and approve or deny any application to exhibit at the XII International Celiac Disease Symposium 2006.

Authorized Signature _____ Date _____

Exhibitor Applications can be accessed online at www.celiacdiseasecenter.org

Send completed applications with appropriate payment to:

Celiac Disease Center at Columbia University
Attention: Sponsorship Department
Harkness Pavilion
180 Fort Washington Avenue
Suite 934
New York, NY 10032

Applications can also be faxed to (212) 342-0447

Cancellation Policy

Company/organizations should only complete an Exhibit Booth Application if they are interested in purchasing an exhibit space at the XII International Celiac Disease Symposium 2006. Questions about exhibiting should be emailed to cb2280@columbia.edu. Do not use this Exhibit Booth Application as a means to inquire about exhibiting.

Your completed Exhibit Application indicates your company's intent to exhibit and is considered a contract once an exhibit booth is assigned. Cancellation after booth assignment/confirmation is subject to applicable fees. Notification of intent to cancel an exhibit space or application must be submitted in writing by e-mail to cb2280@columbia.edu or fax to (212) 342-0447.

- Cancellation of exhibit space prior to July 1, 2006, is subject to a 50 percent cancellation fee.
- No refunds due to exhibit space cancellation will be granted after July 1, 2006. The exhibitor will be obligated to pay the total rental cost of the exhibit space as outlined in the Sponsor or Exhibit Space Application/Contract.

Sponsors

Notification of intent to cancel sponsorship must be provided in writing. No refunds due to sponsorship cancellation will be granted after May 1, 2006. Sponsor will be obligated to pay any outstanding balance due on sponsorship and/or additional exhibit space as outlined in this contract.

Exhibitors/Sponsors who fail to occupy their exhibit space by the close of the exhibition installation time will forfeit the space. NO refunds will be issued under these circumstances.

For Celiac Disease Center at Columbia University Use Only

Organization ID#: _____

Date Accepted: _____

Authorized By: _____

This contract is accepted and exhibit space(s) _____

Size _____ and sponsorship _____ is/are confirmed and assigned at a total cost of \$ _____.