

## SUPPORTER / EXHIBITOR APPLICATION AND AGREEMENT

### COMPANY INFORMATION

**Applying as:**

Company Name (as displayed on printed materials)

Pharmaceutical Company     
  Pharmacy     
  Medical Device Company     
  Other

Description of Company

Booth Activities/Purpose

### APPLICATION GUIDELINES

- Those who participate in support packages are considered **supporters**.
- Those who purchase exhibit booth(s) only are considered **exhibitors**.
- Island booths must be a minimum of 20' x 20' and no larger than 30' x 30'.
- **Booth selection will be on a first-come first-served basis** (with the exception of opening booth selection as determined by 2018 support level).
- There is no price distinction between corner, in-line, or island booths.
- First-time and non-profit exhibitors can reach out to [Exhibit-Support-NACFC@cff.org](mailto:Exhibit-Support-NACFC@cff.org) to inquire about discounted pricing.

### SUPPORTER LEVELS *(Details listed in the Prospectus)*

Please select one of the following supporter and exhibitor packages:

<input type="checkbox"/> Elite Supporter.....	\$250,000	<input type="checkbox"/> Silver Supporter.....	\$30,000
<input type="checkbox"/> Platinum Supporter.....	\$150,000	<input type="checkbox"/> Corporate Supporter.....	\$15,000
<input type="checkbox"/> Diamond Supporter.....	\$100,000	<input type="checkbox"/> Associate Supporter.....	\$7,000
<input type="checkbox"/> Gold Supporter.....	\$50,000	<input type="checkbox"/> Exhibitor (per 10' x 10' booth space purchased).....	\$5,500

### Submit your payments online

Visit the Exhibitors and Supporters tab  
on our website

<https://www.nacfconference.org/Payment.aspx>

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## SUPPORTER / EXHIBITOR APPLICATION AND AGREEMENT

### EXHIBIT SPACE SELECTION

- All exhibiting costs are the responsibility of the participating company.
- Final payments are **DUE September 13**.
- While every effort will be made to accommodate applications submitted after **September 13**, booth space and support opportunities are not guaranteed. Applications accepted on or after **September 14** will incur an additional \$300 processing fee.
- If the configuration of your booth impacts the sale of another booth due to reconfiguration of the floor plan, there will be a 50% fee per 10' x 10' removed.

**Select one:**

- I am an **exhibitor** purchasing 10' x 10' booth spaces at \$5,500 each  
Number of 10' x 10' booth spaces: \_\_\_\_\_
- I am a **supporter** purchasing additional 10' x 10' booth spaces at \$5,500 each  
Number of additional 10' x 10' booth spaces: \_\_\_\_\_

### BOOTH TYPE

**Select one:**

- In-line       Corner       Island

### PREFERRED BOOTH LOCATION

*If preferred space is not available, comparable space will be assigned.*

1st Choice \_\_\_\_\_

2nd Choice \_\_\_\_\_

3rd Choice \_\_\_\_\_

Please indicate if there is a company you would like to be near \_\_\_\_\_

Please indicate if there is a company you do not wish to be near \_\_\_\_\_

### ITEMS TO BE SUPPORTED

*See support opportunities in the Prospectus. Support opportunities are available on a first-come, first-served basis. Some opportunities have limited availability.*

1) Item \_\_\_\_\_

2) Item \_\_\_\_\_

3) Item \_\_\_\_\_

4) Item \_\_\_\_\_

5) Item \_\_\_\_\_

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## SUPPORTER / EXHIBITOR APPLICATION AND AGREEMENT

### PAYMENT POLICIES

- 50% deposit due upon receipt of invoice (if application is submitted on or before July 31).
- Full payment is required with applications beginning August 1.
- Late applications will be considered based on availability and are subject to a \$300 additional processing fee.
- Final payments are due by September 13.

### CANCELLATIONS AND DOWNSIZING

Exhibiting companies wishing to cancel or reduce their booth space or support package are required to submit a written request. Official cancellation date will be in effect the date written notification is received.

- Deposits and 50% of the total fee will be retained for cancellations received **on or before July 31**.

**NO REFUNDS AFTER JULY 31, 2019.**

### COMPANY CONTACT INFORMATION

Company Name

Contact

Title

Address:

City

State

Postal Code

Country

Email

Company Website

Phone

Fax

Onsite Contact

Email

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## SUPPORTER / EXHIBITOR APPLICATION AND AGREEMENT

### WILL YOU BE USING A THIRD-PARTY TRADE SHOW MANAGEMENT COMPANY?

Yes     No

If yes, you must provide third-party contact information, authorization and insurance certificates with this application.

### ACCEPTANCE

Application is hereby made for exhibit space and/or non-educational support opportunities at NACFC 2019. Please read carefully and check the corresponding boxes to indicate agreement of the following:

- I am an authorized representative of the company named above with full authority to sign and deliver this application. The company listed on this application agrees to comply with the Guidelines, Rules, and Regulations applicable for supporters and exhibitors at NACFC 2019.
- I understand that my application will not be considered unless/until all sections and requirements of this application are received and complete.
- I understand my signature below commits my company to the support package and exhibit booth square footage requested on this form.
- If I wish to decrease square footage or support opportunities, I will refer to the cancellation and downsizing clause indicated on this form.
- All correspondence will be with the person listed on previous page, and this contact person will be responsible for forwarding all materials to agents and/or representatives hired by the exhibiting company.
- I agree that if application is accepted, a confirmation and invoice will be sent by NACFC Show Management via email. All terms of this application are considered an agreement unless otherwise notified by NACFC Show Management.
- The CFF is dedicated to empowering people with CF and families to successfully manage and sustain their daily care through a multi-pronged approach. Part of this effort includes reframing the topic of adherence to emphasize the important role partnerships between clinical care teams and patients/families are in developing and sustaining care. As an authorized representative of my company, should any of my participation at NACFC address the topic of adherence, I agree to speaking to the CFF's Partnership for Sustaining Daily Care (PSDC) team to learn how our program can reframe adherence. For more information please contact [PSDCteam@cff.org](mailto:PSDCteam@cff.org).

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_

Please return this form to:

**Rebekah Kim**  
Senior Coordinator, Meetings

Email: [Exhibit-Support-NACFC@cff.org](mailto:Exhibit-Support-NACFC@cff.org)