EXHIBITOR AGREEMENT

www.MotivationExperience.com



August 30, 2022 | August 31, 2022 | September 1, 2022 The Opus White Plains • 3 Renaissance Square. • White Plains, NY 10601

Motivation Experience

Conference & Expo

EXHIBITOR INFORMATION					
Legal Company Name:					
EXHIBITING AS:					
	(please list company r	name EXACTLY as it sh	ould appear o	on published materials)	
Contact:		Tit	tle:		
Mailing Address:					
City:		State/Province:		Zip/Postal Code:	Country:
Phone:	Fax:			Email:	
BILLING CONTACT / ALTERNATE CON	TACT INFORMATIO	N (if different than a	above)		
Contact:		Tit	tle:		
Address:					
Phone:	Fax:			Email:	
PLEASE INDICATE COMPANIES Y	OU <u>DO NOT</u> WAN	T TO BE NEAR ON	THE SHOV	V FLOOR:	
Please choose an option below:				RETURN AGREEMENT & PAYMENT TO:	
△ EXHIBIT OPTION A: \$6,500 FOR SINGLE SPACE				Motivation Experience LLC	
				(make check payable t	o Motivation Experience LLC)
EXHIBIT OPTION B: \$9,500 FOR PRIVATE SUITE SPA				Poughquag, NY 12	2570
·				• Email nick@alyce	ent.com
• 50% deposit due upon submission of signed agreement				• To pay by credit card call 888.741.8880 x100	
• Final payment due upon June 2, 2022					
Double to the full code			01 / T - 1-1-		
Booth includes the following and WI-FI.	j: A minimum s	space of 9' by 1	u' / Table	and tour chairs / Lo	go and Sign /Electricity
AUTHORIZATION OF TERMS					
Either party may cancel this contract on condivent, and further provided that that the amou ancellations by exhibitors less than 90 days publigation. The acceptance by Motivation Expe	nt of rental paid will be rior to the scheduled op	refunded less a \$350 addrening of the event, Mot	ninistrative ca tivation Exper	ncellation fee, unless cancellation ience LLC will be entitled to reta	n is caused by Motivation Experience. For ain 100% of the exhibitor's total contract
SIGNATURE	DATE				
PRINT NAME	TITLE				
CONTACT					
CONTACT	D00711011	S/MARKETING	(O.D.C.)	2001100	

SHOW MANAGEMENT USE ONLY

ALYCENT

BOOTH #: _____ DATE DEPOSIT REC'D: _____ CHECK/CC: ____ DATE BALANCE REC'D: ____ CHECK/CC: ____ DATE INSURANCE CERT. REC'D: ____

Nick Gazivoda, ALYCENT Marketing Group

347-245-4729 / 888-741-880 x100 nick@alycent.com www.ALYCENT.com / www.MotivationExperience.com