EXHIBITOR AGREEMENT



www.MotivationExperience.com

TUESDAY, MAY 19, 2020 | WEDNESDAY, MAY 20, 2020 | THURSDAY, MAY 21, 2020 | MARRIOTT MARQUIS • 2121 S.PRAIRIE AVE. • CHICAGO, IL 60616

EXHIBITOR INFORMATION				
Legal Company Name:				
EXHIBITING AS:				
(please list company name EXACTLY as it should appear on published materials)				
Contact:Title:				
Mailing Address:				
City: State/Province: _			·	
Phone: Fax:		Email:		
BILLING CONTACT / ALTERNATE CONTACT INFORMATION (if different than above)				
Contact:Title:				
Address:				
Phone: Email:				
PLEASE INDICATE COMPANIES YOU <u>DO NOT</u> WANT TO BE NEAR ON THE SHOW FLOOR:				
[
Please choose an option below: EXHIBIT OPTION A SINGLE BOOTH: \$7,500		RETURN AGREEMENT & PAYMENT TO: Motivation Experience LLC (make check payable to Motivation Experience LLC)		
				☐ EXHIBIT OPTION B DOUBLE BOOTH: \$10,500
Poughquag, NY 12570				
		• Email nick@alycent.com		
50% deposit due upon submission of signed agreement		• To pay by credit card call 347-245-4729		
• Final payment due upon March 20, 2020				
What's included: Booth includes the following: A minimum space of 9' by 10'/Tables and four chairs/ Logo and Sign /				
Electricity and Wi-Fi				
AUTHORIZATION OF TERMS				
Either party may cancel this contract on condition that written notice of such cancellation is received by the remaining party at least 90 days prior to the scheduled opening date of the event, and further provided that that the amount of rental paid will be refunded less a \$350 administrative cancellation fee, unless cancellation is caused by Motivation Experience. For				
cancellations by exhibitors less than 90 days prior to the scheduled opening of the event, M obligation. The acceptance by Motivation Experience LLC of a deposit with an application doe				
X				
SIGNATURE	DATE	DATE		
PRINT NAME	TITLE	LE		
CONTACT				
BOOTH SALES/MARKETING/SPONSORSHIPS				
ALYCENT Nick Gazivoda, ALYCENT Marketing Group				

SHOW MANAGEMENT USE ONLY

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

347-245-4729 / 845-478-2090 nick@alycent.com www.ALYCENT.com / www.MotivationExperience.com