

# EXHIBITOR FORM



## COMPANY INFORMATION

Company Name \_\_\_\_\_

Contact Name \_\_\_\_\_

Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

## PAYMENT INFORMATION

Enclose a check in US dollars drawn on a US bank made payable to the SID, or supply credit card information below.

Total: \$ \_\_\_\_\_ Check#: \_\_\_\_\_

Payment by check saves the SID 5% credit card processing fees.

Visa       Mastercard       American Express

Card #: \_\_\_\_\_

CVV\* \_\_\_\_\_ Expiration Date: \_\_\_\_ / \_\_\_\_

\*Security Code

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

Name on Card \_\_\_\_\_

## SUBMIT PAYMENT & FORMS TO:

Society for Investigative Dermatology  
526 Superior Avenue East, Suite 340  
Cleveland, OH 44114

Email: sid@sidnet.org  
Fax: 216.579.9333

## EXHIBITOR OPPORTUNITIES

Exhibit Booth (10' x 10')	Cost
Exhibit booth (reserved on or before March 1, 2018)	\$5,000
Exhibit booth (reserved after March 1, 2018)	\$6,000

## BOOTH LOCATION

Please indicate your booth location preferences (refer to floor plan). All requests will be assigned on a first-come, first-served basis. If all three of your choices are taken, you will be assigned the next closest booth space to your first choice:

Choice #1 \_\_\_\_\_ Choice #2 \_\_\_\_\_ Choice #3 \_\_\_\_\_

Please indicate companies that you do not wish to exhibit next to (specify company name, not general categories):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

A minimum 50% deposit and this signed application and contract must be received by March 1, 2018 to receive the reduced rates. After March 1, 2018 reduced rates are no longer available, and payment in full must accompany this form to reserve your space.

Exhibitor Profile: To reserve space, you must provide a 300-character description of your products or services with your application.

The undersigned hereby authorizes the Society for Investigative Dermatology to reserve exhibit space for the company or organization listed above for the IID 2018 Annual Meeting. The undersigned acknowledges receipt of and agrees to abide by the rules and regulations which are by reference hereby made part of this agreement. The undersigned acknowledges that opportunities will be assigned on a first-come, first-served basis.

\_\_\_\_\_

Authorized Signature Date