

ClarinetFest® 2010

EXHIBITOR SPACE RESERVATION FORM & AGREEMENT

By signing and returning this *Exhibitor Space Reservation Form and Agreement*, the exhibitor acknowledges that he/she, as legal representative of the company named below, has read, understands, and agrees to accept and abide by all conditions and regulations in the document entitled *Exhibitor Information and Regulations* for this conference.

Please return completed form and payment to:

International Clarinet Association, c/o So Rhee, Executive Director
P.O. Box 1310, Lyons, CO 80540 USA
801-867-4336 / 212-457-6124 fax
Email: execdirector@clarinet.org

● **EXHIBITOR INFORMATION** ●

Company Name _____

Contact Person _____

Mailing Address _____

Telephone # _____

Fax # _____

Email Address _____

Website _____

SIGNATURE (required) _____

● **EXHIBITOR SPACE & RATES** ●

Please specify. Rates are indicated in **U.S. dollars**.

- 8' x 8' Booth - \$400.00 (USD)
 8' x 16' Booth - \$550.00 (USD)
 8' x 24' Booth - \$700.00 (USD)
 Try-Out Room - \$600.00 (USD) – *please check for availability*

BASIC BOOTH PACKAGE includes one 6' draped table, two chairs, one wastebasket, and one 7" x 44" identification sign.

● **EXHIBITOR IDENTIFICATION SIGN** ●

Please specify text of up to 32 characters for a 7" x 44" banner to be placed above your booth space. (*NOTE: Spaces count as characters.*)

● **PRODUCT/SERVICE DESCRIPTION** ●

For publication in the conference program book, please include a factual statement of 25 words or less describing the products and/or services that your company provides. Each statement must be free of all self-serving proclamations of unproven sales and quality leadership. The Executive Director reserves the right to edit program copy if it does not meet these requirements.

● **COMPANY REPRESENTATIVES** ●

Please provide the names of your anticipated company representatives for Exhibitor Badges.

(*NOTE: Only the first two names provided will be given "All Access" conference badges. The remaining names will be given badges only for entry into the exhibits. Total of four names per 8' x 8' booth space. Please use the back of this page if needed.*)

1. _____
2. _____
3. _____
4. _____

● **BOOTH LOCATION** ● Please indicate any preferences regarding your booth location. (*See layout map. This is a preliminary map, and layout and booth numbers are subject to change.*) Locations are **NOT** guaranteed and will be assigned on a first come first serve basis, with some preference given to previous exhibitors.

● **PAYMENT OPTIONS** ● At least **50%** of total amount due must accompany reservation. All remaining balances are due by **April 30, 2010**.

- I would like to pay the entire amount due now.
 I will send the balance due to be received no later than April 30, 2010.
 Please charge my credit card for the balance due on April 30, 2010. (*must provide card info. below*)

TOTAL AMOUNT DUE \$ _____

AMOUNT ENCLOSED \$ _____

(*at least 50% of total amount due*)

TOTAL BALANCE DUE \$ _____

(*final payment due by April 30, 2010*)

● **PAYMENT METHOD** ●

Make payable to: **International Clarinet Association**

- Check in U.S. funds Int'l Money Order
 Please charge my credit card \$ _____
(*Visa, MasterCard, American Express, Discover*)

Card # _____

Expiration Date _____

Name on Card _____

Billing Address _____

Signature _____

**INTERNATIONAL CLARINET ASSOCIATION
THE UNIVERSITY OF TEXAS-AUSTIN
RELEASE OF LIABILITY AND HOLD HARMLESS AGREEMENT**

This Agreement entered into this _____ day of _____, 2010 by and between the International Clarinet Association (ICA), the University of Texas–Austin (UTA) and _____(Exhibitor) with respect to Exhibitor’s use of the facilities at UTA in connection with the ClarinetFest® 2010 to be held at UTA in Austin, Texas, on July 21-25, 2010.

1. Exhibitor acknowledges Exhibitor’s understanding that the ICA’s involvement is limited to assisting the Exhibitor with respect to Exhibitor’s use of UTA’s facilities and presentation of Exhibitor’s goods and services at the ClarinetFest® 2010.

2. In consideration of the ICA’s and UTA’s efforts in so assisting the Exhibitor, the Exhibitor, its officers, agents, employees, members, successors, and assigns, hereby releases and holds harmless the ICA and UTA, their directors, officers, members, agents and employees from all claims, damages, liabilities, losses, and expenses (including attorney’s fees), of any kind and nature whatsoever, arising from or related to Exhibitor’s use of the facilities and presentation of Exhibitor’s goods and services at ClarinetFest® 2010.

Signature _____

Printed Name _____

Title _____

Company _____

ALL EXHIBITORS MUST RETURN THIS FORM

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Fax: 212-457-6124