

CLARINETFEST® 2019 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 make reservations by May 15, 2019.**

Please make a copy of this form for your records.

More information about ClarinetFest® 2019 available at clarinet.org/clarinetfest2019

● **EXHIBITOR INFORMATION** ● (for listing in the program book)

Company Name _____

Mailing Address _____

Telephone # _____

Mobile phone # _____

Fax # _____

Email Address _____

Website _____

● **EXHIBITOR CONTACT** ● (for exhibits coordination)

Contact Person _____

Telephone # _____

Mobile phone # _____

Fax # _____

Email Address _____

SIGNATURE (required) _____

● **EXHIBITOR SPACE & RATES** ●

Each 8' x 8' space includes one 6' draped table, two chairs, a wastebasket and ID sign. Exhibitors are welcome to bring their own signage and/or banners. Wireless Internet access included. **Space is limited.** Check booth size requested below:

Single Booth (8' x 8') - \$500 (USD)

Double Booth (8' x 16') - \$900 (USD)

Triple Booth (8' x 24') - \$1,275 (USD)

● **PRODUCT/SERVICE DESCRIPTION** ●

For publication in the conference program book, please include a statement of 25 words or less describing the products and/or services provided by your company provides. The ICA reserves the right to edit program copy.

COMPANY REPRESENTATIVES

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

Total of four names per 8' x 8' booth space. Please use additional page if needed.

1. _____

2. _____

3. _____

4. _____

● **BOOTH LOCATION** ●

See exhibitor floor plans and indicate first second and third choices for booth location, plus any preferences or special requests. Location choices are not guaranteed and will be assigned on a first-come, first-served basis, with preference given to previous exhibitors.

1. _____ 2. _____ 3. _____

Special requests/notes: _____

● **PAYMENT OPTIONS** ● Payment in full must accompany exhibit space reservation.

TOTAL AMOUNT DUE \$ _____

● **PAYMENT METHOD** ●

Make payable to: **International Clarinet Association**

Check or money order in U.S. funds

Please charge my credit card \$ _____
(Visa, MasterCard, American Express)

Card # _____

Expiration Date _____ CVV _____

Name on Card _____

Billing Address _____

Signature _____

***Please return completed form
and payment no later than
May 15, 2019 to:***

International Clarinet Association
829 Bethel Road, #216
Columbus, OH 43214 USA
Email: operations@clarinet.org