



Exhibit/Sponsorship Application Agreement

October 24-30, 2019 Providence, RI

Exhibit ___ or Sponsorship ___

Exhibit booths will be contracted at the rate of \$1,500.00 for each 8x10 square foot physical space plus a virtual booth in the app. Full payment should accompany the agreement. The agreement deadline is July 5, 2019.

Please note, if paying by Wire Transfer, an extra \$100 fee will be applied.

PAYMENT METHOD:

- Check (payable to AAVLD)
- Money Order
- Master Card
- Visa
- Wire Transfer

Account Number: _____ - _____ - _____ - _____ CVV _____
Expiration Date: ____ - ____ Cardholder Name: _____ Month Year
Cardholder Signature: _____

Exhibit Booth Quantity _____ Amount: \$ _____ Sponsorship Amount \$ _____

Sponsorship Description: _____

On behalf of Committee (If applicable): _____

Refund Policy: 50% refund through August 2, 2019; no refunds after August 2, 2019. Full refunds will be provided in the event of a necessary cancellation by AAVLD.

EXHIBITOR/SPONSOR: Please print/type the information below as you wish it to appear in the Exhibit Directory:

Contact Person: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ FAX: _____ Website: _____

E-Mail Address: _____

EXHIBIT DIRECTORY TEXT – Attach a brief text - up to 150 words - for inclusion in the Program Book and in the meeting app. Deadline is August 2, 2019.

I am authorized by my company to contract for exhibit space at the **62nd Annual Meeting of the American Association of Veterinary Laboratory Diagnosticians;**

Signature

Date

Make Checks Payable to: Mail to AAVLD, Reda Ozuna, P.O. Box 6396, Visalia, CA 93290. Please password protect your final document submission when sending by email or please fax the agreement to 386-218-6129.

Please address all communications regarding exhibits to Kaylin:
Email: kaylin@taylormadeeventco.com Phone: 386-490-7803

OFFICE USE ONLY
Date Received _____
Payment _____
Check/CC _____
Booth # _____