

# APPLICATION & CONTRACT FOR EXHIBIT SPACE

Sheraton San Diego Hotel and Marina  
November 13-16, 2019

**CONTACT INFORMATION** (Please print):

Company name: \_\_\_\_\_

Contact person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Logistics contact  
(if different from above): \_\_\_\_\_ Email: \_\_\_\_\_

I agree to comply with the terms and conditions as outlined  
in the exhibitor prospectus. Signature: \_\_\_\_\_

**ON-SITE REPRESENTATIVES:**

(If requesting more than three booth personnel, please provide names in a separate, accompanying document)

Name [complimentary]: \_\_\_\_\_

Name\*: \_\_\_\_\_

Name\*: \_\_\_\_\_

**COMPANY DESCRIPTION & LOGO FOR PROGRAM:**

Email your organization's logo and 50-word description to Holly at [holly@CLpsychiatry.org](mailto:holly@CLpsychiatry.org)

**REGISTRATION FEES** (all prices are US dollars):

	Quantity	Per unit cost	Total cost
Exhibit Table (Commercial Companies)		@ \$1,250/table	\$
Exhibit Table (Booksellers)		@ \$750/table	\$
Exhibit Table (Not-for-profit agencies and societies)		@ \$750/table	\$
*Additional representatives (1 included in fee)		@ \$50/person	\$
		<b>TOTAL</b>	<b>\$</b>

**PAYMENT TYPES:**

- PAYMENT BY CHECK [in US Dollars, made payable to ACLP]  
 PAYMENT BY CREDIT CARD [no phone credit cards or wire transfers accepted]  
 VISA       MASTERCARD       American Express

Card number: \_\_\_\_\_ Exp. Date [MM/YYYY] \_\_\_\_\_

Name on card: \_\_\_\_\_ Signature: \_\_\_\_\_

Exhibitor applications paid by credit card, please fax to (301) 656-0989, or email [info@CLpsychiatry.org](mailto:info@CLpsychiatry.org). All others, mail to:

CLP 2019 Exhibits  
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