



2019-2020 SUPPORTER & EXHIBITOR APPLICATION

(All applications are subject to review and approval by ISSTD.)

Organization/Institution _____

Booth Main Contact Name _____

Comp Booth Attendee Onsite _____ Title _____

Address _____

City _____ State/Province _____ Country _____ Zip Code/Postal Code _____

Phone _____ Cell _____ Email _____

Dietary Needs: Vegetarian Vegan Kosher Gluten-Free No nuts Other Allergies _____ ADA/Special Needs _____

	2019-20 Exhibit & Supporter Options				
	Regional Conference Only	One Regional & Annual Package	Two Regional & Annual Package	Annual Conference Only	One Day Annual Conference Only
Full Tabletop Exhibit Booth Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Additional Exhibitor Registration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Break Supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lunch Supporter	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Awards Dinner Supporter				<input type="checkbox"/>	
Take One Table Flyers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Half Page Program Ad				<input type="checkbox"/>	
Full Page Program Ad				<input type="checkbox"/>	
Custom Supporter Package	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Single		Monthly		Annual
Webinar Supporter	<input type="checkbox"/>		N/A		<input type="checkbox"/>
Email Marketing Supporter	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Clinical E-Journal Supporter (3-years)	N/A		N/A		<input type="checkbox"/>

By checking this option, I am confirming my participation and understand that any and all payments will be forfeited for any cancellations requested after the February 1, 2020 deadline for the Annual Conference. No Refunds will be provided after this date. See Regional Conference websites for cancellation information. Refunds on other supporter options will be handled on a case by case basis.

Interested in creating a custom supporter package? Contact Mary Pat Hanlin, Executive Director, to develop a custom package today!

PAYMENT INFORMATION

TOTAL FEES: \$ _____

Check (US Bank Only) payable to: **ISSTD** Mail to: ISSTD, 1420 New York Ave 5th Floor Washington, DC 20005 Credit Card (Visa | MC | Amex | Disc)

Card Number: _____ Expiration: _____

Name on Card: _____

Signature: _____

*By signing this contract, I agree to Terms & Conditions attached to this contract.

International Society for the Study of Trauma and Dissociation (Attn: Mary Pat Hanlin)
1420 New York Avenue NW 5th Floor Washington, DC 20005
Phone: 703.803.6320 • Fax: 202.747.2864 • Email: mhanlin@isst-d.org

THANK YOU FOR YOUR PARTICIPATION!

ISSTD 2019-20 Supporter & Exhibitor Terms and Conditions

Cancellation/Refund Policy: Cancellations must be received in writing via email to mhanlin@isst-d.org or via fax to 202-747-2864. Cancellations more than 14 days in advance of Regional Conferences and by February 1, 2020 for the Annual Conference will receive a 50% refund of any payments made. Cancellations made after these dates will forfeit any payments made toward the conferences. Refunds on other supporter options will be handled on a case by case basis.

Any request for refunds must be in writing to:

ISSTD ATTN: Mary Pat Hanlin

Mail: 1420 New York Avenue NW 5th Floor Washington, DC 20005

Email: mhanlin@isst-d.org

Fax: 202-747-2864



1. The ISSTD (herein after called the "Management") and the Exhibitor agree that all displays must be fully set up and operational by opening. No cases or packing materials of any sort may be brought in or out of the exhibition hall during show hours. Exhibitor also agrees to be open and staffed during show hours.
2. Exhibitor agrees that displays will not visually or physically disturb aisles or adjacent exhibitors and exhibitor agrees that hard walls will not exceed 8' feet without prior approval of Management.
3. Exhibitor agrees to conform to all ISSTD, Local State and Federal Revenue rules and regulations.
4. Exhibitor agrees not to sublet exhibit space or exhibit any merchandise other than that specified in the show contract.
5. Exhibitor agrees that Management reserves the right to reject, modify or restrict any exhibit.
6. Exhibitor agrees that they are not a "sponsor" and will not use the term "sponsor" in any materials relating to the ISSTD Conference.
7. Exhibitor agrees that space assignments may be changed by Management.
8. Exhibitor agrees that electrical wiring or installation shall be done only by the electrical contractor approved by the facility or Management.
9. Exhibitor agrees that all belongings shall be removed from the Exhibit Hall. Any items not removed may be shipped to the office of the Exhibiting Company at Exhibitor's expense at close of show.
10. Exhibitor agrees not to make undue noise, or odor, use bright or hazardous lights, cause damage to the building or booth equipment or act in any manner deemed inappropriate by Management.
11. Exhibitor agrees that no soliciting for business will be conducted in other exhibitor booths or within education sessions/workshop rooms.
12. Exhibitor agrees that no exhibitor shall have authority to incur cost or liability for or against Interel Meetings, Interel, and the ISSTD or its agents. Exhibitor shall pay all costs pertaining to move in and move out. Exhibitor shall be liable for all damages which he/she may cause to the building, or otherwise in connection with his/her exhibit.
13. Exhibitor agrees to carry: Company Insurance policy and Certificate of Insurance to include workmen's compensation, comprehensive general liability including products and completed operations, independent contractors, personal injury and blanket contractual liability with a minimum amount of \$1,000,000 per occurrence listing The ISSTD as additionally insured. Company agrees provide a certificate of insurance if requested by ISSTD 30 days prior to the Conference.
14. Exhibitor agrees that in the event due to war, fire, strike, government regulation, terrorism, public enemy, Acts of God or other cause, the show or any part thereof is prevented from being held, is canceled by the Management, the Management, in its sole discretion, shall determine and refund to the applicant his proportionate share of unused funds.
15. Exhibitor agrees to assume all responsibility for loss, theft, or destruction of goods or for personal injuries to himself, his employees, agents, representatives, or visitors, and shall indemnify, defend and hold harmless Meetings Management Group, AMG, the ISSTD, the conference hotel, or any of its agents from any and all liability in connection with any and all of the above.
16. Exhibitor agrees that the serving of alcoholic beverages and/or food by exhibitors is prohibited without prior permission of Management.
17. Exhibitor acknowledges and agrees that projections of attendance are estimates only, and that no guarantees regarding attendance are being made.
18. Exhibitor agrees that the failure of either party to enforce any provision of this Agreement shall not operate as a waiver by such party of its right to enforce the same or any other provision at any time.
19. Exhibitor agrees that, except as otherwise specifically provided herein, this Agreement constitutes the entire Agreement between the parties, and super cedes all proposals, promotional materials, negotiations and understandings of any nature whatsoever. This agreement may be amended only by written instrument signed by both parties.
20. Exhibitor agrees that this agreement shall be governed and construed in accordance with the laws of the State of Virginia, and any disputes between the parties shall be brought in the courts of the State of Virginia.

By signing the Exhibitor Contract, I have read, and agree to, the Terms & Conditions above.

Direct all correspondence to: 1420 New York Avenue NW 5th Floor Washington, DC 20005

Fax: 202-747-2864 Phone: 202-803-6332 Email: mhanlin@isst-d.org