



Annual Symposium Exhibitor Agreement.

March 27th , 2010

Millennium Broadway Hotel

Company Name: _____

Name of Representatives attending event

1: _____

2: _____

Address: _____

Phone: _____ **Fax:** _____

Email: _____

Sponsorship

Exhibitor Fee: \$500.00__

Payment

Total amount due: \$ _____

Payment Enclosed: _____

Please Invoice: _____

By signing and sending this agreement, our company agrees to exhibit at The Coalition for Hemophilia B symposium, March 27th, 2010 and to respect the terms and guidelines that the Coalition has put in places in this agreement.

Signature: _____

Printed Name: _____

Company Name: _____

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Terms

Exhibitors may send two representatives and may bring educational material only. Raffle drawings, sweepstakes, contests or any similar events are permitted. Giveaways are acceptable. There will be no room for large displays, so we ask that your display be limited to a table-top display. The tone of the display should be informational and educational. We want to thank you for your cooperation.

Each exhibitor will have a 6-foot banquet table in the exhibit area for their exhibits. This area will be the primary space for the families to gather, and network with each other and or just “hang out”

Set-Up Time: 8:30 am

Exhibit opens: 10:30-10:45 am, 11:30-11:45 am, 1:30 – 5:00 pm

Tear Down: 5:30 pm

All exhibitors are welcome to join us for lunch.

Each exhibitor will be recognized by the Coalition in our printed program.

Exhibitors may attend all educational sessions, with the exception of the “Factor 9 Family Meeting” and any of the Children programs.

Hotel Information

We have a group rate at the hotel for \$179 plus tax. Please mention The Coalition for Hemophilia B when booking your room.

Millennium Broadway Hotel
145 West 44th Street
New York, NY
(212) 789-7500

Shipping Information

Hotel must be notified in advance if you plan on shipping materials. Materials can be delivered one day prior to the event.

Shipped boxes must have the following information on them:

Group Name: The Coalition for Hemophilia B
Your name and company’s name
Name of hotel and contact person
And date of the event- March 27th 2010 4th floor