

Contract Deadline:
July 23, 2010



EXHIBIT CONTRACT

40th Annual Legislative Conference
September 15-18, 2010

Exhibit Showcase: September 15 - September 18
Thursday 8 a.m. - 6 p.m. | Friday 8 a.m. - 6 p.m. | Saturday 9 a.m. - 1 p.m.

Washington, D.C. Convention Center: Hall E

Submit to: ALC 10 Exhibits Attn: Meetings and Events | Congressional Black Caucus Foundation | 1720 Massachusetts Avenue, NW, Washington, DC 20036
Fax: (202) 263-0848 | **Web site:** www.cbcbfinc.org | **Questions:** (202) 263-5710 or exhibits@cbcbfinc.org

As exhibitor, we hereby agree to the rules and regulations of the **Congressional Black Caucus Foundation, Inc.**, (CBCF) as set forth in this contract, all of which are made a part thereof, and request the following exhibit for our own use. In consideration for the use of exhibit space, exhibitor agrees to pay the designated booth fee as indicated below.

PAYMENT POLICY AND SCHEDULE

Exhibit space and location will be confirmed upon receipt of signed contract and FULL PAYMENT for the total cost of exhibit space. CBCF will not accept contracts without full payment. Exhibit booth fees are tax-deductible to the extent allowed by law.

CANCELLATION POLICY

All cancellations must be received in writing. **Cancellations received by July 16, 2010, will incur a \$50 administrative fee with the balance refunded within 30 days after cancellation. Cancellations received or post marked after July 16, 2010 are non-refundable.** Failure to cancel in writing, set up exhibit and/or staff exhibit will result in no refund.

I. EXHIBITING COMPANY INFORMATION Print in ink or type First-time ALC Exhibitor? If not, year last exhibited at ALC _____

Company/Organization Name: (As it should appear on the Exhibit Identification Sign)

EXHIBITOR CONTACT INFORMATION

 (Exhibitor contact will receive all correspondence relating to the exhibition)

Please indicate your preferred method of contact: (if nothing marked, exhibitor will be contacted via e-mail) E-mail Fax Phone

Contact Person: _____

Street Address: _____ City: _____ State: _____ Zip: _____ Country: _____

Telephone: () _____ Fax: () _____ E-mail: _____ Web: www. _____

Note: Please be sure your SPAM filter is set to allow e-mail communications from exhibits@cbcbfinc.org

II. EXHIBIT RATES

 See the Contract Terms and Conditions for complete specifications and details. Please check the appropriate box.

<input type="checkbox"/> Corporate Booth Size	<input type="checkbox"/> Government \$20.00 per Square Foot	<input type="checkbox"/> Marketplace Vendor ¹ \$10.00 per Square Foot	<input type="checkbox"/> Small Business ² and Non-Profit ³ \$9.00 per Square Foot
Tier 1: In-line Booth Pricing \$27.50 per square foot - 100 square feet (e.g., 10'x10') \$25.00 per square foot - 200 square feet or more (e.g., 10'x20', 10'x30')	Booth Size _____	Booth Size _____	Booth Size _____
Tier 2: Island Booths - \$22.00 per square foot (e.g. 20'x20', 30'x30')	Corner booth surcharge: Add 10 percent per 10'x10' corner booth <input type="checkbox"/> Check here for Corner Booth		
10' x 20' \$5,000.00	¹ Marketplace Vendors must indicate items to be sold at Exhibit Booth on the Marketplace Response Form. Note: The sale of merchandise is only allowed in the Marketplace Pavilion. ² Small Business is defined as an organization grossing less than \$500,000 annually and not selling merchandise. ³ Non-profit: Include a copy of IRS 501(c) (3) Determination Letter. <i>The selling of raffle tickets for prizes is not allowed on the Showcase floor</i>		
20' x 20' \$8,800.00			
20' x 30' \$13,200.00			
30' x 30' \$19,800.00			
30' x 40' \$26,400.00			
40' x 40' \$35,200.00			
40' x 50' \$44,000.00			
50' x 50' \$55,000.00			

SPONSORSHIP

YES, I am a sponsor and have completed and sent payment with the SPONSORSHIP PACKAGE.

III. EXHIBIT PLACEMENT

Place my company **IN** the:

- Business and Technology Pavilion
 Health Pavilion
 Go Green
 Lifestyle Pavilion
 Marketplace Pavilion

Place my company **NEAR** the:

- Authors Pavilion
 Health Pavilion
 Diversity Job Fair

IV. PAYMENT INFORMATION

 Make checks payable to: **Congressional Black Caucus Foundation, Inc.** Payment must accompany exhibit contract.

Check or Money Order Visa MasterCard American Express Purchase Order Number (Govt. Only - Purchase order must accompany contract) _____

Total Due: \$ _____ **CBCF Inc. reserves the right to charge correct amount due if listed incorrectly in "Total due" column.**

Card #: _____ Expiration: ____/____/____ Security Code: _____

Name as it appears on Card: _____ Authorized Signature: _____

V. AGREEMENT I, the undersigned, have full authority to sign and make application for EXHIBIT SPACE at the Congressional Black Caucus Foundation's 40th Annual Legislative Conference, September 15-18, 2010. I am an authorized representative of the company with full power and authority to sign and deliver this application. The company listed on this application agrees to comply with all terms and conditions of the exposition as well as those adopted after publication of this contract and prospectus. **CBCF will require a credit authorization form if the exhibiting company/name does not match the credit card.**

Authorized Signature _____

Name (print in ink or type) _____

Title _____

Date _____

CBCF USE ONLY - PLEASE DO NOT WRITE IN THIS SPACE			
Date Received: _____	Payment Amount: \$ _____	Check #: _____	Credit Card Auth: _____ Balance Due: \$ _____
Exhibit Assignment(s) #: _____	Date Confirmed: _____		