

CONTRACT & APPLICATION TO EXHIBIT/SPONSOR

15TH INTERNATIONAL IOICP INTEGRATIVE ONCOLOGY CONFERENCE

APRIL 27TH - April 29TH, 2017

**Town and Country Resort
San Diego, CA, USA**

Contact and Mailing Information

Company

Tel: Fax:

Address:

City: State: Zip Code:.....

Contact Person: Job Title:.....

Email:

Website:

Authorized By:

Signature:

My signature above indicates I have read, understand and agree that my company and its representatives will abide by all rules, regulations, and restrictions outlined in this contract and application to exhibit and exhibitor information, rules, and regulations. This application becomes a contract when signed by the exhibitor and accepted by BAFC management. PAYMENTS MUST BE IN US \$ currency.

There is a **No Refund Policy**, once your application has been approved. For all terms and conditions – please refer to our website – www.bestanswerforcancer.org. Your application is subject to approval from the Conference Review Board .

<u>Exhibit Space</u>		Save by signing up Early !!		
<i>Please check the appropriate box:</i>				
<input type="checkbox"/>	6ft Table Top	Cost Per Table Top: \$2,900 After Feb 28, 2017		
		by Nov 10, 2016 = \$2,200 by Jan 13, 2017 = \$2,400 by Feb 28, 2017 = \$2,600		
<input type="checkbox"/>	10 x 10 Space	Cost per 10x10 Space: \$3,800 After Feb. 28, 2017		
		by Nov 10, 2016 = \$2,800 by Jan 13, 2017 = \$3,200 by Feb 28, 2017 = \$3,400		
<u>Sponsorship</u>	by 11/10/16	by 1/13/17	by 2/28/17	after 2/28/17
<input type="checkbox"/>	Platinum	\$3,900	\$4,300	\$4,600 \$4,900
<input type="checkbox"/>	Gold	\$2,800	\$3,200	\$3,400 \$3,700
<input type="checkbox"/>	Silver	\$1,800	\$2,000	\$2,200 \$2,500
<input type="checkbox"/>	Bronze	\$1,600	\$1,800	\$2,000 \$2,200
<input type="checkbox"/>	Meal Types	Underwrite a Meal and have your Company Spotlighted!!		
<input type="checkbox"/>	Breakfast	\$ 7,000 for 30 min or \$3500 for 15 min product talk		
<input type="checkbox"/>	Lunch	\$10,000 for 30 min or \$5,000 for 15 min product talk		
<input type="checkbox"/>	Reception	\$ 8,000 for 30 min or \$4,000 for 15 min product talk		
<u>Advertising in Program Guide</u> - First Come , First Serve!		<u>Additional Meal Plans</u>		
<input type="checkbox"/>	Inside Front Cover	\$795	\$450 - 3 Days	
<input type="checkbox"/>	Inside Back Cover	\$695	\$150 - 1 Day	
<input type="checkbox"/>	Back Cover	\$995		
<input type="checkbox"/>	Full Page	\$625		
<input type="checkbox"/>	Half Page	\$350		
<input type="checkbox"/>	Business Card	\$200		
	Table/Booth	SubTotal	
		GRAND TOTAL incl Meals/Ad	

Product Information & Company Description submission requirements:

1. Product details you plan to promote (**150 words or less**), including brand names or services.
2. Short company description (**75 words or less**) for inclusion into our show guide.
3. Logo: High rez (JPG, PDF, PNG format) for our printed materials and web

^^ Please send to event@bestanswerforcancer.org **DUE BY 2/18/17**



Conference Badges Required for Booth Personnel

6ft table/10x10 – Includes ONE CONFERENCE BADGE, additional non medical personnel will require a conference badge - daily rate \$150 or 3 Days for \$450.

(Only personnel wearing badges will be permitted in exhibit hall and in conference space.) Note: Medical professionals are required to purchase an Attendee badge.

Submitted contracts will be time stamped, processed, and payment authorized. You'll be contacted by PHONE and given your space options based on prior submissions. Please allow 2-3 days to be contacted for available space options.

Staff names for conference badges

(We require Full Name, Job Title, Company, City & State, Cell and Email)

- 1.....
- 2.
- 3.

PAYMENT CREDIT CARD INFORMATION

.. PLEASE EMAIL YOUR COMPLETED FORM TO: admin@bestanswerforcancer.org

Any questions, please call Debbie at **210-823-4239**

MC, VISA, AMEX Card Number:

Expiration Date:

Name on Card:

Billing Address:

City:State:Zip Code:

Tel No:

Card Holder's Signature: