

EXHIBITOR/SPONSOR CONTRACT

2019 NTM/Bronchiectasis National Physician/Patient Conference

Sponsorship Level if applicable: _____

For exhibits only:

Qty: _____ 10 x 20 EXHIBIT BOOTH - FOR DIAMOND and PREMIER sponsors only (no charge).

Qty: _____ 10' X 10' EXHIBIT BOOTH @\$1000 TOTAL DUE: \$_____

Qty: _____ 6' EXHIBIT TABLE @\$500 TOTAL DUE: \$_____

(Exhibit space included in sponsorships.)

CONTACT INFORMATION

First and Last Name:

Company:

Address:

City:

State:

Zip:

Phone:

Email:

I have read the Exhibitor Rules and Regulations and agree to the terms of exhibiting at the 2019 NTM/Bronchiectasis National Physician/Patient Conference.

PAYMENT

Visa

MasterCard

Amex

Discover

Date:

Cardholder Name:

Billing Address if different from above:

Card Number:

CVC Code:

Exp. Date:

Amount to charge:

Please return signed contracts by email by March 5, 2019 to traceysperry@ntmir.org

Checks: Please make checks payable to the NTM Info & Research and return to the address provided below. (Companies may be invoiced if requested.) NTM Info & Research, 1550 Madruga Avenue, Suite 230, Coral Gables, FL 33146