



## Exhibitor Space Application

Company Name \_\_\_\_\_  
Name for Booth Sign \_\_\_\_\_  
Printed Name of Authorized Person \_\_\_\_\_  
Title \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Office Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
Email \_\_\_\_\_

\$ _____ <i>Exhibitor Total</i>	_____ <i>Representative Signature</i>
<i>I am an authorized representative of the company with full power to sign and execute this application. The company listed agrees to comply with all instructions, rules, and regulations and agrees to promptly submit all information requested by FES. By submitting a signed copy of this contract, we hereby apply for exhibit space for the FES conference.</i>	

*Mail Payment to:*  
Ciné-Med, Inc. \* 127 Main Street North \* PO Box 1007 \* Woodbury, CT 06798

**CANCELLATION POLICY:**  
Requests for cancellation of reserved exhibit space must be made in writing to Brandy@icm-med.com. Refunds less a 15% administrative fee will be granted for requests received on or before **January 13, 2020**. After this date, refunds for reserved space will not be granted.

**PAYMENT METHOD**

Check in the amount of \$ \_\_\_\_\_ Payable to: Ciné-Med, Inc.  
Tax ID 06-1062439

Charge in the amount of \$ \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_  
Security Pin # \_\_\_\_\_ (3 or 4 digit number on back of card)  
Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

For further information, contact Ciné-Med:  
Brandy D'Heilly, Account Executive \* brandy@icm-med.com  
Tel: 337.298.3869 \* Fax: 203.263.4839