



EXCIPIENTFEST[®] Americas

May 1-2, 2018
San Juan Marriott Stellaris
San Juan, Puerto Rico

ADDITIONAL SPONSORSHIP CONTRACT

Excipientfest Inc. | marisol.perez@excipientfest.com | Tel (571) 482-7459

Exhibition Hours: Tuesday, May 1st 9:00 am - 6:00 pm / May 2nd 9:00 am - 6:00 pm

ExcipientFest hereby agrees to allocate exhibit space to Exhibitors for the above Conference upon a first come- first serve basis. The Exhibitor will comply with all terms and conditions set forth in this contract.

- | | |
|---|--|
| <input type="checkbox"/> Speakers Roundtable
Cost: \$1,800.00 | <input type="checkbox"/> Exclusive Lunch Sponsor
Cost: \$1,200.00 (each day) |
| <input type="checkbox"/> Exclusive Poster Session Sponsor | <input type="checkbox"/> Name Badge Lanyards
Cost: \$1,500.00 |
| <input type="checkbox"/> Cocktail Sponsor
Cost: (Tuesday) \$1,400, | <input type="checkbox"/> Event Bag:
Cost: \$1,600 (both days) |
| <input type="checkbox"/> Roundabout Raffle
Cost: \$400.00/700.00 (limited to 5 companies) | <input type="checkbox"/> Coffee Breaks:
Cost: \$500 day |

Additional Sponsorship(s) Total \$

Exhibitor Information

Company Name: _____
Principal Exhibitor Contact-
Name and Title: _____
Mailing Address: _____
City: _____ State: _____ Zip: _____
Telephone: _____ Fax: _____
Email: _____ Web Site: _____

Contract Conditions & Payment policy:

- Balance to be paid with the submission of the contract

I hereby state that I understand and agree that this contract will be invalidated if our company does not comply with the above payment policy or the rules and regulations. I understand that the cancellation policy will also apply.

Authorized Signature: _____ Date: _____

Name (please print): _____

Payment Method: VISA (MASTER CARD) AMERICAN EXPRESS

Cardholder Name: _____

Card Number: _____ Exp. Date: _____

CHECK or MONEY ORDER (Payable To: **ExcipientFest Inc.**)

If check, print out form and mail with check to PO Box 101532, Arlington, VA 22201