EXHIBIT/SPONSORSHIP APPLICATION AND CONTRACT

International Society of Weighing & Measurement

ADDRESS: P.O. Box 148474, Nashville, TN 37214

PHONE: 715-651-9123 EMAIL: ann@iswm.org

**Exhibitor:**

Company Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_ Country: \_\_\_\_\_\_\_\_\_\_\_\_

Telephone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Other Registrant or Attendees: (one with 10’ x 10’)**

Name registering: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Registration (use extra forms) - $225 each.

**Fees:**

The exhibit space will be rented according to the following fee structure (check one):

 Members Non-Members

10’ x 10’ Includes one (1) full Conference and $1,000 $1,500

 Exposition registration & Sponsorship.

20’ x 10’ Includes two (2) full Conference and $1,800 $2,400

 Exposition registrations. & Sponsorship

After January 15, 2024 Members Non-Members

10’ x 10’ Includes one (1) full Conference and $1,500 $1,900

 Exposition registration & Sponsorship.

20’ x 10’ Includes two (2) full Conference and $2,400, $2,800

 Exposition registrations & Sponsorship.

TOTAL FEE $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Selection:**

Select space as shown on the Expo Floor Plan (Contact Ann at ann@iswm.org for available space) . List only one number per choice. 1st choice \_\_\_\_\_\_\_\_ 2nd choice \_\_\_\_\_\_\_\_\_\_

**Promotions:**

Describe in 50 words or less (exactly as you want it to appear in the official promotions) the products, or the services you will be exhibiting. Attach a description to this application or email Ann Crowley at ann@iswm.org.

**Sponsorship:** Please indicate your sponsorship level:

PREMIER

 \_\_\_ Platinum - $2,000 \_\_\_ Gold - $1,500 \_\_\_ Silver - $1,000

COFFEE BREAK SPONSOR

 \_\_\_\_ One Day - $400.00 \_\_\_ Two Days - $700

SPONSORSHIP TOTAL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Door Prize:**

Will you donate a door prize or the ISWM All Expo Card drawings? \_\_\_ Yes \_\_\_ No

**Payment:**

Booth Fees Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Sponsorship Total: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Extra Attendees: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

TOTAL AMOUNT DUE $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Check enclosed (payable to ISWM, US funds only) Check #\_\_\_\_\_\_\_\_\_\_

Credit Card: VISA Master Card American Express

Account No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Exp Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_CCV:\_\_\_\_

Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*I authorize ISWM to charge my credit card for the amount indicated above*.

**Authorization:**

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 policies, rules, and regulations contained in the Exhibitor Prospectus and all policies, rules, and regulations adopted after publication of the prospects, which we accept as part of the agreement.

Company: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Authorized Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Title: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Accommodations:**

Room rates at Holiday Inn & Suites Virginia Beach – North Beach, 3900 Atlantic Avenue, Virginia Beach, VA., are $120 per night Sunday through Thursday plus a mandatory $2.00 fee and tax per standard room. The cut-off date for room reservations at the group rate at Holiday Inn & Suites is January 20, 2024. To make reservations guests can call:   **757-428-1711** and use the code IWM to receive the special group rate. Below is the booking link to make reservations online:[International Society of Weighing and Measurement-Booking Link](https://www.holidayinn.com/redirect?path=rates&brandCode=HI&localeCode=en&regionCode=1&hotelCode=ORFOB&checkInDate=18&checkInMonthYear=012024&checkOutDate=23&checkOutMonthYear=012024&_PMID=99801505&GPC=IWM&cn=no&viewfullsite=true)

**Cancellation Policy:**

A written cancellation notice is required and must be received in writing by January 20, 2024. A 25% service fee will be retained on all cancellations. No refunds will be given after Friday, January 20, 2024.

**Special Services:**

The International Society of Weighing & Measurement supports the Americans with Disabilities Act, which promotes public accessibility for disabled people. If you require special equipment or services, please attach a written description of your needs. We will contact you in advance to ensure your needs are met.

**GOT QUESTIONS?**

Contact Ann Crowley for answers:

Address: P.O. Box 148474, Nashville, TN 37214 • Phone: 715-651-9123 • Email: ann@iswm.org

Return signed application and payment to:

International Society of Weighing & Measurement

P.O. Box 148474 Nashville, TN 37214

PH: (715) 651-9123 Email: ann@iswm.org