



**October 5-7, 2007**  
**Application for Exhibitor Space**  
**Minneapolis Marriott Southwest**

**Exhibitor Information**

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Contact Person/Title \_\_\_\_\_

**Exhibit Space Information**

Exhibit space for the Focus on Pumping conference is limited to 20 tabletop displays. Preference will be given to conference sponsors and speakers. *The cost of each tabletop exhibit is \$300. If you are a sponsor, your exhibit space is comped.*

Number of tabletops requested: \_\_\_\_\_

**Exhibit Hours**

Exhibits will be open during the following time periods:

Friday evening from 7-9 p.m. during the Opening Reception (set up begins at 5:00 p.m.)

Saturday from 10:00 to 3:15, and again from 4:30-6:00 (it is fine for the exhibit to close when sessions are being held if the exhibitor would like to participate; please make sure you are open by break time)

Sunday from 7:45 – 11:00 a.m. (breakdown right at 11:00 a.m.)

**Exhibitor Responsibility**

The exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while at the Focus on Pumping conference, and hereby waives any claim or demand it may have against Diabetes 123 (Children with Diabetes) arising from such loss, theft, or damage. In addition, the exhibitor agrees to defend, indemnify and hold harmless Diabetes 123 (Children with Diabetes) from and against any liabilities, obligations, claims, damages, suits, costs and expenses, including without limitation, attorneys' fees and costs, arising from or in connection with the exhibitor's occupancy and use of the exhibition premises or any part thereof or any negligent act, error or omission of the exhibitor or its employees, subcontractors or agents.

**Payment**

Payment is due September 1, 2007. No exhibit may be canceled after that date.

\_\_\_\_ Check (payable to Diabetes 123)                      \_\_\_\_ Credit Card (Visa or MasterCard only)

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name as it appears on the card: \_\_\_\_\_

Billing address (for company credit card):

\_\_\_\_\_

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

**Send the application and payment to: Laura Billetdeaux  
Children with Diabetes  
18378 Herman Rd.  
Manchester, MI 48158**

**Or fax to Laura Billetdeaux at 734-428-0106. Call 734-428-8265 during business hours for more information.**