



FRIENDS FOR LIFE

national children with diabetes conference los angeles 2004

July 14-17, 2004

Application for Exhibitor Space

Sheraton Universal, Universal City, California

Exhibitor Information

Company Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____

Email _____

Contact Person/Title _____

Send Exhibitor Service Manual to:

Company Name _____

Address _____

City _____ State _____ Zip _____

Country _____

Phone _____ Fax _____

Email _____

Contact Person/Title _____

Booth Rental Information

Cost of each Booth includes 8' high backwall and 3' high side drape, one 7" x 44" one line identification sign, exhibitor badges, and a listing of the exhibitor in the Conference Program.

Single Booth (8' x 10')	\$1,300	6' Table Top (for small vendors and nonprofits only)	\$400
Double Booth (8' x 20')	\$2,500	Quad Booth (16' x 20')	\$4,000

Total number of booths requested: _____

Please list booth selection(s) in order of preference: _____

Please note that booths will be assigned to event sponsors first. For Platinum and Gold Level Sponsors, an 8' x 10' booth space is complimentary, and larger booth spaces may be discounted. The remaining booths will be assigned on a first-come first-served basis. If your booth preferences are not available, you will be contacted for further selection options. Booths may not be shared or sublet.

Exhibitor Responsibility

The exhibitor assumes all responsibility for any and all loss, theft, or damage to exhibitor's displays, equipment and other property while on Sheraton Universal premises, and hereby waives any claim or demand it may have against Sheraton Universal or its affiliates and Diabetes123 (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) and Sheraton Universal and their respective parent, subsidiary and other related or affiliated companies 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.

Exhibit Hours

Set up beginning Tuesday, July 13, 6:00 p.m.
Exhibit Hall opens Wednesday, July 14, 6:30-9:30 p.m.
Thursday, July 15, 8:00-11:00 a.m., closed from 11:00 – noon, open noon-5:00 p.m.
Friday, July 16, 8:00-11:00 a.m., closed from 11:00 - noon, open noon-2:00 p.m.
Tear down complete by Friday, July 16 4:30 p.m.

Payment

Payment for booth space is due January 31, 2004. You may attach payment to this application, or CWD will invoice your company. No booth cancellations are permitted after May 1, 2004.

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**
 Events Coordinator
 Children with Diabetes
 319 E. Duncan
 Manchester, MI 48158

Or fax to Laura Billetdeaux at 734-428-0106
For more information, call 734-428-8265