



2018 CBBS/SCABB Joint Meeting
 April 25-28, 2018
 Renaissance Glendale Hotel & Spa – Phoenix, AZ
Commit to Exhibit Agreement

We look forward to your participation in the 2018 CBBS/SCABB Joint Meeting & Exhibit Show in Phoenix, AZ! To secure your booth space, please provide the information below and submit to the South Central Office by September 30, 2017. **In order to be considered for priority booth placement you must (1) submit this CTE with the deposit and (2) complete an Exhibiting Sponsor registration once registration is launched.**

_____ **SECURE A BOOTH & PRIORITY BOOTH PLACEMENT:** Enclosed is our check / credit card authorization for **\$750.00**. The signature below reflects our commitment to exhibit at the 2018 CBBS/SCABB Joint Meeting in Phoenix, AZ. The balance due will be paid when we complete our 2018 exhibiting sponsor registration once it becomes available. **We understand that checking this box secures a booth for us and paying the deposit gives us priority booth placement. In order to receive priority booth placement we must complete a 2018 exhibiting sponsor registration when it becomes available.**

_____ **SECURE A BOOTH WITHOUT PRIORITY BOOTH PLACEMENT:** The signature below indicates our commitment to exhibit at the 2018 CBBS/SCABB Joint Meeting. The balance due will be paid when we complete our 2018 exhibiting sponsor registration once it becomes available. **We understand that checking this box secures a booth for us but we will not be considered for priority booth placement.**

_____ Thank you for the opportunity to exhibit at the 2018 CBBS/SCABB Joint Meeting but at this time we do not plan to exhibit. Please keep us on your mailing list for future meetings.

*Company Name: _____ *Contact Phone : _____

*Representative: _____ *Representative: _____
 (Print Name) (Signature)

*E-Mail Address: _____

PAYMENT METHOD

- Check Enclosed**
- Credit Card Authorization:** Visa / MC / Amex

Number: _____ Name on Card: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Please complete and mail to the South Central Office

2901 Richmond Road, Suite 130-176
 Lexington, KY 40509
 Fax 866-649-6590