



September 8-11, 2019
Barbican Centre - London

EXHIBITOR BACKGROUND INFORMATION

Exhibit Booths

Exhibit booths include an 8-foot skirted table, two chairs, and a sign with the exhibitor's name. Exhibitors are responsible for any additional items required at their booth including but not limited to audiovisual, shipping, and Internet needs.

Exhibitor Benefits

As an exhibitor at the conference, you will receive:

- One e-blast sent on the exhibitor's behalf to all those attending the event. IAPAC will provide the formatting requirements and send the email to attendees. Exhibitor must submit email draft for approval by IAPAC. Upon approval, IAPAC will send to all registered attendees on mutually agreed on dates.
- Two complimentary Exhibitor Passes (additional passes available for purchase for \$150.00/each).
- A listing in the Exhibitor Supplement along with a description of the exhibiting organization (organization to provide description to IAPAC along with Exhibitor Application).
- Exposure to about 800 delegates, who will include elected officials, public health department representatives, clinical/public health researchers, healthcare payors, donors/grantors, clinicians, service providers, and civil society advocates from current and prospective Fast-Track Cities.
- Inclusion in the "Exhibitor Area Passport" contest where attendees who visit and secure passport stamps from all exhibitors will be entered into a raffle.

Assignment of Space

All organizations interested in exhibiting must submit an Exhibitor Application. Exhibitors who wish to avoid assigned space near or apart from other specific exhibitors will need to indicate so on their application. IAPAC will attempt to honor all requests but reserves the right to refuse any request. All booth spaces will be assigned by August 2, 2019.

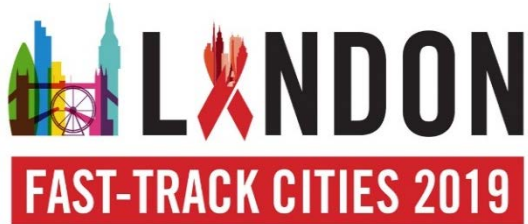
Exhibit Hall Hours

Exhibits must be staffed at all times during exhibit hall hours. IAPAC will not provide security during the times that the exhibit hall is not open and is not responsible for any lost or stolen items. Please note that food and beverage for conference delegates will be placed in the Exhibit Hall area to drive traffic into the Exhibit Hall.

Exhibit Hall hours*:

- September 9, 2019 – 9 AM-6 PM
- September 10, 2019 – 9 AM-6 PM
- September 11, 2019 – 9 AM-3 PM

* Show hours are subject to change



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EXHIBITOR APPLICATION FORM

Select Exhibit Space:

- | | |
|---|-------------|
| <input type="checkbox"/> For-Profit Institution | USD \$3,750 |
| <input type="checkbox"/> Non-Profit Institution* or Government Entity | USD \$2,500 |

** Must provide proof of non-profit status with Exhibitor Application Form*

CONTACT INFORMATION

Company Name: _____

Company Address: _____

Main Contact: _____

Title: _____

Phone: _____

Email: _____

Onsite Contact: _____

Title: _____

Phone: _____

Email: _____

PAYMENT

Select a Payment Method:

- Visa
- MasterCard
- American Express
- Check

Name (as it appears on card): _____

Card Number: _____

Expiration Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____



CANCELLATION POLICY

Cancellation requests on or before June 14, 2019, are eligible for a 50% refund of the exhibitor tor fees paid to IAPAC. Cancellation requests on or after June 15, 2019, will not be eligible for a refund. A written cancellation request must be emailed to jhess@iapac.org by the cancellation deadline.

Organization Description for Exhibitor Supplement (250 words or less):

Booth Representatives: *Each Exhibitor is entitled to two complimentary conference registrations*

Booth Contact Name #1:

City: _____ State: _____ Country: _____

Email: _____

Booth Contact Name #2:

City: _____ State: _____ Country: _____

Email: _____

AGREEMENT

By signing this application, you are agreeing to pay the exhibitor fee indicated above. You authorize IAPAC to charge the credit card provided for the full amount selected above. If paying by check, funds must be received within 10 business days of submitting this application. Without the receipt of full payment, IAPAC will not bear responsibility for providing an exhibit space or exhibitor benefits as outlined in the Exhibitor Background Information.

Signature: _____ Date: _____

Please return your completed Exhibitor Application Form by email to jhess@iapac.org or mail it to:

International Association of Providers of AIDS Care
Attn: FTC 2019 Exhibitor Applicant
2200 Pennsylvania Avenue NW, 4th Floor East Tower
Washington, DC 20037 USA