



**INTERNATIONAL AND AMERICAN ASSOCIATIONS
OF CLINICAL NUTRITIONISTS**

**EXHIBITOR QUALITY ASSURANCE STANDARDS
CONTRACT COVERING THE**

2024 IAACN SCIENTIFIC SYMPOSIUM

***"OPTIMAL EPIGENETIC EXPRESSION AND
AGING HARMONIOUSLY WITH FOOD AND
CLINICAL NUTRITION"***

**Exhibitors booth access & setup available from
3-8pm Sunday 9/22.**

Monday 9/23 setup no later 10am.

Four Points Hotel by Sheraton DFW Airport

**1580 Point W Blvd, Coppell, TX 75019
469-702-6311**

**Fill in the form, then
Save to computer.
Email attachment or
Fax/Mail**

IAACN Room Rate \$149.00

EXHIBITOR REGISTRATION INFORMATION

Business Name:

Address:

City:

State:

Zip Code:

Phone:

Exhibit Contact Name:

Email:

Corporate Member

Yes

No

**Nature of Company:
(check all that apply)**

Professional Service

Sales

Supplements

Herbs

Homeopathy

Computer Programs

Equipment

Books

Newsletter

Non-profit Association

Business Service

Legislative

Signature/E-sign of corporate officer: _____

2. CORPORATE STAFF/REPRESENTATIVES ATTENDING BOOTH:

(Exactly as to appear on name badge, staff changes presented onsite or failure to submit staff names will cause exhibitor booth representatives to have to wait until Thursday to receive their name badges)

Name/Title:

Name/Title:

3. FEE SCHEDULE (Check applicable fees)

BOOTH W/2 STAFF \$1100.00

ADDITIONAL BOOTH STAFF OVER 2..... \$100.00 (per person)

(exceptions: exhibitors occupying 2 booths, Speaker Sponsors, and Corporate Members)

_____ \$100

Name / Title

\$100

Name / Title

\$100

Name / Title

\$100

Name / Title

TOTAL _____

4. ASSIGNMENT OF EXHIBIT SPACE: Booth allocation September 1,2024. Exhibitor whose company is an IAACN Corporate Member is given early booth selection. Remaining will be on a first come basis.

5. EXHIBITOR BOOTH RENTAL FEE INCLUDES:

Standard 8 x 8 Booth Space that includes 1 6ft. Table and 2 Chairs

Standard Booth Drapery

One Booth Identification Sign

Listing in the Symposium Program

One Symposium Flash Drive

List (Name/Address/Emails) of Symposium Attendees

6. CANCELLATION POLICY: Cancellation must be made in writing and is subject to the following provisions: **No refunds will be issued after May 1, 2024.**

7. PAYMENT: Please make check payable to IAACN, and mail the IAACN Copy of the signed contract to: IAACN, 400 Chisholm Place Suite 303, Plano, TX 75075. Email: khenry@clinicalnutrition.com
Fax: 972-250-0233 Visa/Master Card/American Express/Discover) is available.
See **Credit Card Authorization Sheet.**

8. On-site Booths to be put up by Coast to Coast Trade Show Services T: (303) 991-2791
Fax (303)991-2794 Contact them for special needs.

9. EXHIBITOR BOOTH TEAR-DOWN: After 6PM Wednesday September 25, 2024

Under No Circumstances Does Tear Down Begin Before 6PM

10. IAACN: The name "IAACN" as used herein shall mean the sponsoring association or its officers, staff, agents or employees acting for it, in the management of the Symposium.

11. ELIGIBLE EXHIBITS: The IAACN reserves the right to determine the eligibility of any company or product for inclusion in the Symposium.

12. LIMITATION OF LIABILITY: The Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to exhibitor's displays, equipment, or other property brought upon the premises of the Hotel and agrees to indemnify, defend, and hold harmless the IAACN, Four Points by Sheraton DFW, and its owners, servants, agents and employees against all claims or expenses for such losses, including reasonable attorney's fees, arising out of the use of the Hotel premises associated with their exhibit, excluding any liability caused by the negligence of the Four Points by Sheraton DFW, its owners, servants, agents and employees.

13. DEFACING THE BUILDING: Exhibitors are liable for any damage caused by fastening displays or fixtures to the building floors, walls, or to the standard booth equipment, or for damage caused in any other manner. Exhibitors may not apply paint, lacquer, adhesive or any other coating to building walls and floors or the standard booth equipment.

14. SOUND DEVICES: The use of devices for mechanical reproduction of sound or music is not permitted, due to the closeness of the booth spaces, and the fact that there is another meeting going on next door.

15. INSURANCE: The Exhibitor understands that neither the IAACN nor the Four Points by Sheraton maintains insurance covering the Exhibitor's property or lost revenue and it is the sole responsibility of the Exhibitor to obtain such insurance.

16. REGISTERED EXHIBITORS ONLY: Distribution of samples and printed matter of any kind, or any promotional material, is restricted to the confines of the exhibit booth. Unregistered vendors may not promote business in the Exhibit Hall.

17. ATTENDANCE: The IAACN shall have sole control over attendance policies at all times.

18. SUB-LEASING: Exhibitors may not sub-lease their space. Only one company is allowed in an exhibit space.

19. ROOM SECURITY: Neither the IAACN Symposium Management, nor the owners or lessors of the exhibit premises shall assume any responsibility for an Exhibitor's personal property. It is suggested that the Exhibitor insure his property against loss and theft. It is further suggested that the Exhibitor utilize the hotel safe for money and valuables.

20. FIRE & SAFETY LAWS. Federal, State and City Laws must be strictly observed. Cloth decorations must be flameproof. Wiring must comply with fire department and underwriters rules. Smoking in the Exhibitor Booth or Exhibitor Hall is prohibited. Crowding will be restricted. Aisles and door exits cannot be blocked by exhibits.

21. ACTS OF GOD, FIRES, STRIKES, ETC. In the event that any outside cause, such as war, fire, strike or other emergency, prevents the Symposium from being held, the Symposium Management may retain such part of the Exhibitor's rental as shall be required to re-compensate management for expenses incurred up to the time such contingency shall have occurred.

22. COMPLIANCE WITH LAWS. Exhibitors must comply with all guidelines and regulations in force.

23. HOTEL REGULATIONS REGARDING DISPLAYS.

The hotel is unable to store display material or show merchandise before or after the symposium. All exhibit crate - size freight boxes and equipment must be brought to and removed from the Hotel by an approved drayage company. The Hotel will accept exhibit booth material, provided it arrives the day before the meeting. There is no forklift, and no ability to remove it from a trailer. It will be placed in the hotel shipping & receiving area. It must be clearly marked with the name of the Exhibitor, date of Exhibitor Staff arrival, name and date of the IAACN Symposium. At the conclusion of the set-up operation, all related equipment, crates, etc. will be removed from the premises by the drayage company and may not be brought back upon the premises before the last day of the exhibit show period. Small non-crate size boxes and packaging, however, may be stored under the booth drape, and in a then-designated hotel space, if available.

This application for exhibitor space at the 202 IAACN Scientific Symposium, will become a contract upon written acceptance, based upon the terms set forth herein.

As a condition of acceptance of this contract, IAACN requires that the **Responsible Exhibitor Representative** sign this affidavit stating that he/she has read, understands and agrees to abide by the IAACN Exhibitor Quality Assurance Standards. **This contract should be returned to the IAACN, 400 Chisholm Place Suite 303, Plano, TX 75075 by email/mail or fax (972)250-0233. VERIFY RECEIPT**

Signature/E-Sign

Date

Title

2024 CREDIT CARD CHARGE AUTHORIZATION IAACN

MAIL TO: IAACN
400 Chisholm Place, Suite 303
Plano, TX 75075

email: khenry@clinicalnutrition.com
Fax: 972-250-0233

IAACN SCIENTIFIC SYMPOSIUM 2024:

Company Name

Street Address City State Zip

Contact Name - PRINT Contact Number / Contact Fax

BOOTH FEE: \$950.00

PAYMENT OPTIONS: Master Card/Visa/AMX/Discover _____ Check#

ACCOUNT NO. _____

EXPIRATION DATE: _____ CVC Code: _____ Personal Card Company Card

AUTHORIZED SIGNATURE: _____

Cardholder's Name _____

Cardholder's Billing Address: _____

City, State, Zip: _____

IAACN CORPORATE MEMBERSHIP- Support Health Freedom: (\$500.00 per year) Check here if you want this charged to your credit card.

**Email: khenry@clinicalnutrition.com Fax: 972-250-0233
Mail: IAACN, 400 Chisholm Place Suite 303, Plano, TX 75075**