



Exhibit Table Application Form

31th Annual ATTACH Conference
Scottsdale, AZ ♦ October 3-5, 2019

ORGANIZATION NAME: _____

REPRESENTATIVE(S) ATTENDING: _____

ADDRESS: _____

PHONE NUMBER: _____ E-MAIL: _____

One 6' x 30" Table	\$ 400.00*
Non-profit rate (no product sales)	\$ 350.00
<i>Additional 6' x 30" Table (\$250/table for each additional table)</i>	<i>\$ 250.00</i>
Optional Electrical Service	\$ 40.00
Total Due: \$ _____	
PAYMENT TYPE: <input type="checkbox"/> CHECK (<i>payable to ATTACH</i>) <input type="checkbox"/> CREDIT CARD	
CREDIT CARD: <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS <input type="checkbox"/> DISCOVER	
NAME ON CARD: _____ CARD NUMBER: _____	
BILLING ADDRESS: _____	
EXPIRATION DATE: _____ CVC CODE (<i>on back</i>): _____	

Space is limited and applicants will be accepted only after receipt of both a completed application and Exhibit fee. Books/tapes can be sold if the Exhibitor is the author or main distributor of the item.

Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Scottsdale Plaza Resort, its owners or managers that may result from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless ATTACH, Scottsdale Plaza Resort, its owners, managers, officers or directors, agents, employees, subsidiaries and affiliates, from any damages or charges resulting from Exhibitor's use of property. Exhibitor's liability shall include all losses, costs, damages, or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of the Exhibitor's occupancy and use of the exhibition premises.

**This does not include conference registration. There is a 20% discount for registration.
Exhibits may not be in a locked area so please plan accordingly**

****Cancellation of exhibits are non-refundable after August 1, 2019.***

Signature _____ Date _____

Please mail this form with payment to: questions for ATTACH, 3001 Metro Drive, Suite 290, Minneapolis, MN 55425
For questions, contact ATTACH at 612-861-4222 or questions@attach.org