



Art of Neuroscience

Contract for Exhibition Space

Saturday, October 19 - Wednesday, October 23, 2019
Chicago, IL

Exhibitor Information

Exhibitor information will be used for online publishing

Exhibitor (Company) Name: _____ SfN Member #: _____
Exhibitor Name used for Booth Sign

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____ Phone: _____ E-mail: _____

Website: _____

Primary Contact

Primary contact will receive all communications from SfN. If others need to receive this information, you will need to forward it onto them.

Full Name: _____ Phone: _____ E-mail: _____
Only list one email

Address: _____ City: _____ State: _____

Zip Code: _____ Country: _____

Exhibitor Category

Note: Nonmembers/ nonprofits will be notified of acceptance after the **July 12** deadline as preference is given to SfN members.

- SfN Member SfN Institutional Program (IP) Member Non-profit/University Non-member

Exhibitor Profile

Exhibitor Profile will be used for the website.

Please keep to 75 words or less

Booth Assignments

Applications for exhibit space are subject to approval by the Society for Neuroscience. Exhibit space is **limited**. Exhibitors are assigned space based on membership/sponsor status, and the date the application is received. **All booth assignments will be made by SfN. Applications including full payment must be received by July 12.** Applications received after **July 12** may still obtain space, if available.

Terms of Payment

Full payment is due with application by July 12. No application will be processed without remittance of payment. Payment receipt date will be used as the application submission date.

Booth Fee - \$350

Society's Tax ID # 52-0895843

Payment Types accepted:

VISA, Mastercard, American Express, Discover, Check (payable in USD) and Wire Transfer (including all related bank fees.)

Credit Card Payment:

To pay by credit card, please indicate so below. Once the application has been approved, you will receive an email from SfN with instructions on how to submit payment. This payment process provides a more secure avenue for exhibitors.

Check payment:

Society for Neuroscience
Attention: Art of Neuroscience 2019
1121 14th Street, NW, Ste. 1010
Washington, DC 20005

Wire Transfer Information:

Branch Banking & Trust (BB&T) Corporate Banking Deposit Officer
8200 Greensboro Drive Ste. 800 McLean, VA 22102

Wire and ACH Payments: 0005163349053 | **Routing Number:** 054001547 | **SWIFT Code for International Wires:** BRBTUS33

**Please reference AON 2019 and the exhibiting company on bank transfer to receive proper credit.*

Please indicate how you will be submitting payment: _____

Cancellation

Cancellation of registration between the date the application is received and **July 12** will result in an administrative fee of \$50. Cancellation of space between **July 13** and **August 16** will result in a charge equal to 50 percent of the total cost of the canceled space. **Refunds** will not be granted after **August 17**.

Agreement

I/We the undersigned hereby apply for space at the Art of Neuroscience 2019. I/We understand that booth assignments will be made by the Society in an impartial effort, based on the date applications and full payment is received by **July 12**. I/We agree to accept space according to the judgment of the Society.

As an authorized individual/organization named above, I have read and understand the Rules and Regulations outlined in the Art of Neuroscience 2019 Exhibit Prospectus. I understand and agree to accept and comply with the policies, rules, and regulations contained in the Art of Neuroscience 2019 Exhibit Prospectus and on the Society's Website, and all policies, rules, and regulations adopted after publication of the Prospectus. The acceptance of our application by the Society and full payment for rental charges constitute a contract.

Date: _____

Authorized By (Signature): _____