



# Art of Neuroscience

## Contract for Exhibition Space

Saturday, October 24 - Wednesday, October 28, 2020  
Washington, DC

### Exhibiting Company 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

The 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 10** 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 10.** Applications received after **July 10** may still obtain space, if available.

## Terms of Payment

**Full payment is due with application by July 10.** No application will be processed without remittance of payment. Payment receipt date will be used as the application submission date.

**Booth Fee - \$370**

**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 2020  
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 2020 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 10** will result in an administrative fee of \$50. Cancellation of space between **July 11** and **August 14** will result in a charge equal to 50% of the total cost of the canceled space.

**Refunds** will not be granted after **August 14**.

## Agreement

I/We the undersigned hereby apply for space at the Art of Neuroscience 2020. 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 10**. 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 2020 Exhibit Prospectus. I understand and agree to accept and comply with the policies, rules, and regulations contained in the Art of Neuroscience 2020 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): \_\_\_\_\_