

**AMERICAN COUNCIL OF LIFE INSURERS**  
**EXHIBITOR MARKETPLACE**  
2008 Annual Conference  
October 19 – 21, 2008  
Exhibit Date: October 19-20  
Westin Boston Waterfront Hotel  
**Exhibitor Agreement**

Exhibiting Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Title \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**Show Placement**

**PLEASE NOTE: The shaded booths on the enclosed floor plan are reserved for sponsors and partners only.**

Indicate your location preferences by booth number (see floor plan): 1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

If your choice is not available, the exhibitor agrees to accept another exhibit space according to the best judgment of the Exhibit Manager.

Do **NOT** locate us near the following companies:

Would like to be located near the following companies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Will you be using a contract or other than the designated decorator?

Yes. If so, please attach proof of insurance with your application

No

**Exhibit Fee Includes**

- |                                   |  |
|-----------------------------------|--|
| ➤ 8'x10' space                    | ➤ Two chairs                           |
| ➤ 8' back and 3' side drapes      | ➤ One Trash can                        |
| ➤ One 6' draped and skirted table | ➤ Listing in the Marketplace Directory |
| ➤ One identification sign         |  |

**SHOW HOURS**

<b><u>Set-up:</u></b>	Sunday, October 19 – 2:00 PM - 5:00 PM
<b><u>Show Hours:</u></b>	Sunday, October 19 – 5:30 PM - 7:00 PM
	Monday, October 20– 3:00 PM - 4:00 PM
	Monday, October 20– 5:00 PM - 7:00 PM
<b><u>Tear-down:</u></b>	Monday, October 20– 7:00 PM - 9:00 PM

**OVER - -**

## Payment

**EARLY-BIRD Exhibit Fee:**    - **Until January 30, 2008 - \$1,795**  
  - **Between February 1 - April 30, 2008 - \$1,995**  
  - **After April 30 - \$2,495.**

The Exhibitor agrees to submit the exhibit fee with the Agreement. Telephone reservations will be held for three days pending receipt of Agreement and payment. **The Exhibitor agrees to abide by the Rules and Regulations (to be sent upon approval of contact).**

Once the American Council of Life Insurers has accepted a signed Agreement and received payment, a copy of the agreement approved by an ACLI representative will be returned to you. If you have questions, contact Linda Cunningham, Managing Director, Conference Development at (202) 624-2405.

Enclosed is a check made payable to the American Council of Life Insurers in the amount of \$\_\_\_\_\_.

Please charge \$\_\_\_\_\_ to:       American Express    Diners Club    MasterCard    Visa

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

Please fax me some additional information on sponsorship opportunities for ACLI's 2008 Annual Conference

Accepted by Exhibitor

Accepted by the ACLI

Company \_\_\_\_\_

Booth(s) Assigned \_\_\_\_\_

Name \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

Date \_\_\_\_\_

Return along with Exhibition Agreement and payment to:

**American Council of Life Insurers  
Linda Cunningham, Vice President, Conference Development  
101 Constitution Avenue, NW  
Suite 700  
Washington, DC 20001-2133  
Phone: 202-624-2405  
Fax: 202- 624-2425**