

AMERICAN COUNCIL OF LIFE INSURERS
EXHIBITOR MARKETPLACE
2009 Annual Conference
October 18 – 20, 2009
Exhibit Date: October 18-19
Sheraton Chicago Hotel & Towers
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): 1st _____ 2nd _____ 3rd _____

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

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

SHOW HOURS

Set-up: Sunday, October 18 – 2:00 PM - 5:00 PM
Show Hours: Sunday, October 18 – 5:30 PM - 7:00 PM
Monday, October 19– 3:00 PM - 4:00 PM
Monday, October 19– 5:00 PM - 7:00 PM
Tear-down: Monday, October 19– 7:00 PM - 9:00 PM

OVER - -

Payment

EARLY-BIRD Exhibit Fee: - **Until January 30, 2009 - \$1,795**
 - **Between February 1 - May 30, 2009 - \$1,995**
 - **After May 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 2009 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**