



## 2017 Annual Conference



October 8–10, 2017

LOEWS SAPPHIRE FALLS RESORT  
Orlando, FL

### EXHIBITOR AGREEMENT Exhibitor Marketplace

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

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

Title \_\_\_\_\_

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

Address \_\_\_\_\_

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

### Show Placement Exhibit Location: Grand Caribbean Ballroom G

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

**PLEASE NOTE:** 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

**OVER -**

## **Payment**

### **Exhibit Fee:**

- Until February 28, 2017 - \$1,795 (for 2016 exhibitors only)
- Until April 14, 2017 - \$1,995
- After April 14, 2017 - \$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 agreement).**

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, Vice President, 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
- ☐ Discover
- ☐ MasterCard
- ☐ Visa

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

Name (Print) \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

☐ **Company is a Chairman or President level sponsor. Booth is complimentary.**

☐ **Please email me additional information on sponsorship opportunities for ACLI's 2017 Annual Conference**

### **Accepted by Exhibitor**

Company \_\_\_\_\_

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

### **Accepted by the ACLI**

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

Name \_\_\_\_\_

Title \_\_\_\_\_

Signature \_\_\_\_\_

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  
Email: LindaCunningham@accli.com