



**International Transplant Skin Cancer Collaborative**

555 East Wells Street Suite 1100

Milwaukee, WI 53202-3823

Phone: (414) 918-3191 Fax: (414) 276-3349

Email: [info@itscc.org](mailto:info@itscc.org) Website: [www.itscc.org](http://www.itscc.org)

---

**Exhibit Space Application Form**

**Space is limited.** (Please print clearly.)

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Website: \_\_\_\_\_ Email: \_\_\_\_\_

**Contact for exhibit-related information**

Each exhibitor must assign one person to be their representative in connection with exhibit table set-up and dismantling.

Contact Person: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

**Principal Products to be Displayed, Please select Category:**

- Pharmaceuticals     Instruments     Equipment     Scientific/medical Publications  
 Cosmetic/Skin care     Physician Recruitment     Non-profit     Products/Services non-medical  
 Other (please specify): \_\_\_\_\_

**Company/Product or Organizational Description to be printed in Final Program**

Please limit description to 50 words or less.

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

**Please read and complete the next page of this application also.**

**All Exhibitors are to submit/upload their company logo in a high-resolution format (i.e. PDF, JPG, EPS, etc.) to be used on ITSCC website and publications where noted or appropriate in relation to the meeting.**

**Payment**

Make check payable to the International Transplant Skin Cancer Collaborative (ITSCC) in US Funds drawn on a US bank only or provide credit card information (Visa, MasterCard, or American Express)

Check enclosed (Made payable to ITSCC)     Visa     MasterCard     American Express

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

Cardholder's Name: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_

***This is your invoice and contract. No additional invoice will be issued.***

**Agreement Terms and Conditions *This is your contract. Please retain a copy for your records.***

You are hereby authorized to reserve space for the organization listed above in the exhibition of the 2019 ITSCC Annual Member Meeting to be held Thursday, February 28, 2019 at The National Press Club, Washington, DC. We understand that the assigned space will be rented at the rate quoted in the Exhibitor Prospectus on the ITSCC website. We understand further that all space must be paid for in full on or before December 2, 2018. If assigned space is not paid for in full by the specified date, it may be reassigned to another exhibitor without notification, at the discretion of the ITSCC.

Hold Harmless Clause: The exhibiting organization assumes the entire responsibility and hereby agrees to protect, indemnify, defend and save the International Transplant Skin Cancer Collaborative (ITSCC), The National Press Club, and their employees and agents harmless against all claims, losses and damages to persons or property, governmental charges or fines and attorney fees arising out of or caused by exhibitor's installation, removal, maintenance, occupancy or use of the exhibition premises or part thereof, excluding any such liability caused by the sole negligence of The National Press Club its employees and agents.

In addition, the exhibitor acknowledges that the International Transplant Skin Cancer Collaborative (ITSCC) and The National Press Club do not maintain insurance covering the exhibitor's property and that it is the sole responsibility of the exhibitor to obtain business interruption and property damage insurance covering such losses by the exhibitor. Exhibitor shall not be liable for any failure of or delay in the performance of this Agreement for the period that such failure or delay is due to causes beyond its reasonable control, including but not limited to acts of God, war, strikes or labor disputes, embargoes, government orders or any other force majeure event.

Photography Release: This confirms the agreement between you and the ITSCC regarding your participation in the 2019 ITSCC Annual Member Meeting in which you may be photographed. You hereby agree that the ITSCC may use these photographs on its website or in other official printed publications without further consideration. You acknowledge the right of the ITSCC to crop or treat the photographs at its discretion. You also acknowledge that the ITSCC may choose not to use your photo at this time, but may do so at its own discretion at a later date.

Authorized Signature: \_\_\_\_\_

Print Name/Title: \_\_\_\_\_ Date: \_\_\_\_\_

Detach and return this completed application with the required payment to:

International Transplant Skin Cancer Collaborative (ITSCC)  
555 East Wells Street, Suite 1100  
Milwaukee, WI 53202  
USA  
Phone: (414) 918-3191  
Fax: (414) 276-3349

Note: Please keep a copy of this exhibit space application for your records. This is your invoice and contract. No additional invoice will be issued.