



**EXHIBIT APPLICATION (Digital Marketplace)**

Please complete this application and either type or print in each section. Sign and return the application with payment: either 1) mail a check payable in US Dollars to MC-ACS, 500 Cummings Center, Suite 4400, Beverly, MA 01915 or 2) fax with credit card information to 978-524-0461. 100% of the amount is due in order to reserve space and must be received on or before November 5, 2020. Confirmations will be sent after November 16, 2020. All financial transactions including payments and refunds are in US Dollars.

**CONTACT INFORMATION**

Contact Person: *This person will receive all correspondence pertaining to this meeting.*

Title

Telephone number

Fax number

Email address

Company Name

Street Address

City/State/Zip/Country

Web Address

**VIRTUAL EXHIBIT SPACE**

Number of space(s) \_\_\_\_\_ x \$1,000 = \$ \_\_\_\_\_

**COMPANY DESCRIPTION:** *Describe products and services to be exhibited in 10 words or less. This will allow us to determine your company's eligibility to exhibit.*

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

**PAYMENT AND REFUNDS**

Applications submitted prior to November 5, 2020 must be accompanied by a deposit in the amount of 50% of the fee. 100% of the total commitment due must be paid by November 5, 2020. Applications submitted after November 5, 2020 must be accompanied by payment IN FULL. Applications received without such payment will not be processed. If Show Management receives a written request for cancellation of their exhibit in whole or in part on or before November 5, 2020, the exhibitor will be liable for a 25% processing fee. For cancellations in whole or in part received after November 5, 2020, no refunds will be issued.

**PAYMENT METHOD**

Check amount enclosed: \$ \_\_\_\_\_  
 (US banks only)

**CREDIT CARD**

American Express       MasterCard       Visa

**Please do not email CC#'s.**

Please Fax to this secure line: **978-525-0461**

Amount to be charged: \$ \_\_\_\_\_

Credit Card Number

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Expiration Date      Security Code (3 digits on front or back of card)

Name as it appears on credit card

Cardholder's Signature

- Please check if credit card billing address is same as contact information at the top of the form.
- If billing address is not the same please enter below.

Company Name

Street Address

City/State/Postal Code /Country

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION (FRONT AND BACK). ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT ON OR AFTER NOVEMBER 5, 2020.

**AUTHORIZED SIGNATURE**

**PRINT NAME**

**TITLE**

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