

### Company & Contact Information

Contact Name: \_\_\_\_\_ Contact E-mail: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Contact Fax: \_\_\_\_\_

The following information will be included in the final program and/or on-site signage. Applications will not be processed without a company description.

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

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

Company Description Maximum of 50 words. Company descriptions must be submitted with application and can be emailed to [Exhibitors@SCAI.org](mailto:Exhibitors@SCAI.org).

### Exhibit Opportunities | Application Deadline: October 17, 2014

Exhibit fee must be received by October 17, 2014 to be recognized in the final program and on-site signage. Online registration information, Exhibit Hall space preference information, and an electronic Exhibitor Kit will be sent to the company contact above once SCAI receives payment and a company description.

- 10 ft. x 20 ft. Exhibit Space** (Includes 4 complimentary Exhibits-Only Registrations) ..... **\$17,500**
- 10 ft. x 10 ft. Exhibit Space** (Includes 3 complimentary Exhibits-Only Registrations) ..... **\$10,000**
- 6 ft. x 30 in. Tabletop Space** (Includes 2 complimentary Exhibits-Only Registrations, skirted table, 2 chairs) ... **\$5,000**
- Additional Exhibits-Only Registration** ..... **\$495**

**Exhibit Space Preference:** \_\_\_\_\_ \*View the Fall Fellows Exhibit Hall floor plan at [www.SCAI.org/FellowsFloor](http://www.SCAI.org/FellowsFloor).

**Statement of Liability:** Exhibitor and its third-party representative shall be fully responsible for any and all damages to property owned by Hotel which results from any act or omission of Exhibitor and/or its third-party representative. Exhibitor and/or its third-party representatives agree to defend, indemnify and hold harmless Nevada Property 1 LLC dba The Cosmopolitan of Las Vegas, its owners, officers, directors, managers, employees, agents and affiliates from any losses, damages or

charges resulting from Exhibitor's and/or third-party representative's use of the property, including all losses, costs, damages or expenses arising from, out of, or by reason of property damage, or bodily injury or death to any person or persons, (including, but not limited to, Exhibitor, its third-party representative, their agents, employees and business invitees) which arise from or out of the Exhibitor's occupancy and use of the premises.

Exhibiting companies and, if applicable, their third-

party representatives must submit a valid Certificate of Insurance by October 31, 2014 that includes:

- Commercial General Liability in the amount of \$2,000,000 combined single limit. This policy shall name SCAI, Hotel and Freeman as additional insured.
- Workers Compensation providing statutory coverage and Employers Liability in the amount of \$1,000,000 that shall include a Waiver of Subrogation against Hotel.

### Payment Information & Exhibit Agreement | Payment required with application.

Payment must accompany this application or it will not be processed.

**Amount Paid: \$** \_\_\_\_\_ **Payment Method:** Check #: \_\_\_\_\_  Mastercard  American Express  Visa  
(Make payable to SCAI)

Credit Card #: \_\_\_\_\_ CCV #: \_\_\_\_\_

Name on Card: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**Cancellation Policy:** Cancellation of an Exhibit must be made in writing and will be effective the date such notice is received in the SCAI office. SCAI's cancellation policy will apply as follows: (1) On or before October 17, 2014: 50% of contracted fee; (2) After October 17, 2014: No refund. Refunds are subject to a \$50 processing charge and will be mailed within 8 weeks after the meeting.

**\*By signing this, I state that I am hereby authorized to reserve space for our / my use in the technical exhibit area of the SCAI 2014 Fall Fellows Courses to be held December 7-10, 2014 at The Cosmopolitan of Las Vegas.**

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**QUESTIONS?**  
Call (202) 552-0790