

# SOCIETY FOR HUMAN RESOURCE MANAGEMENT

SHRM's Inclusion 2019

Marriott New Orleans

October 28 – 30, 2019

## Exhibit Application & Contract

I/We agree to abide to pay with application 100% of the total fee for booth space with this contract. Incomplete applications, applications received without deposit, or applications whose credit cards are declined, will not be processed. This application and contract may be cancelled at any time by SHRM's Exhibits Team at any time with written notice.

Contact Name \_\_\_\_\_ Title \_\_\_\_\_

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

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

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

Telephone Number \_\_\_\_\_ Email \_\_\_\_\_

### EXHIBIT SPACE


10'x10' Booth Space \$1,750 x qty: \_\_\_\_\_ = \$ \_\_\_\_\_

**Exhibit Space(s) Request:** (Please indicate choices in order of preference.)

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_ 4. \_\_\_\_\_ 5. \_\_\_\_\_

List up to three competitors that you do not wish to be placed within close proximity.  
(We cannot guarantee that you will not be placed in proximity with a competitor.)

### AGREEMENT

 The Exhibitor agrees to notify SHRM in writing of any changes in the content of this application prior to the start of SHRM's Inclusion 2019. We, the above signed company, have read the Terms and Conditions on the reverse side hereof, hereby offer to contract for exhibit space and services for the SHRM's 2019 Inclusion.

Authorized Exhibit Company Representative Signature \_\_\_\_\_

Date \_\_\_\_\_

(This agreement is not valid unless signed by the authorized exhibit company representative)

### FORM OF PAYMENT

If paying by check, please make payable to the Society of Human Resource Management (SHRM) and add note that payment is for "SHRM's Inclusion 2019." If paying by credit card, please complete all of the information below to ensure that your credit card is accepted and your payment is approved. Order forms will not be processed if credit card is declined. SHRM Federal Tax I.D. #34-0948453

Check #: \_\_\_\_\_ Credit Card Type:  American Express  Master Card  VISA

Amount to Charge: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_ CVN # \_\_\_\_\_

Card Holder's Name: \_\_\_\_\_ (Print Name as it appears on card)

Signature \_\_\_\_\_ Title \_\_\_\_\_

Please complete and return all forms to:  
Kristina Morrison, CEM, Senior Exhibits Specialist  
[kristina.daniele@shrm.org](mailto:kristina.daniele@shrm.org)