



**BUILDING BRIDGES
OF INTEGRATION**
for Traditional Chinese Medicine

2009 EXHIBITOR BOOTH APPLICATION

LOCATION: Westfields Marriott
14750 Conference Center Drive, Chantilly, VA 20151 • 1-800-635-5666 • marriott-hotels.com

DATES: October 15 – 18, 2009

BOOTH SET-UP: Begins at 6:00 pm on October 15 and must be completed by 10:00 pm.
No vendor will be able to set up on any subsequent days.

The Exhibit Hall will be open: Friday, October 16 and Saturday, October 17, 8:00 am – 6:00 pm
Sunday, October 18, 8:00 am – 1:30 pm

BOOTH BREAK-DOWN: Sunday, October at 1:30 pm

FEES & PAYMENTS: \$980 for 8' x 8' \$780 for 5' x 5' Deposit: To hold your location, a deposit of \$300 is now due.
Final Payment is due 6/15/09.

EXHIBITING INFORMATION:

- 6 ft skirted table with 2 chairs (full booth)
- 4 ft skirted semi-circle table with 1 chair (half booth)

EXHIBITOR BENEFITS:

- Company name recognition and reciprocal link on our website, www.tcmconference.org
- Two complimentary passes for full-booth vendors wishing to attend workshops
(1 pass for half-booth vendors)
- CEUs and CMEs available for vendors who attend workshops

TO REGISTER: Mail or fax this form to:

Traditional Chinese Medicine World Foundation, 34 West 27th Street, Suite 1212, New York, NY 10001

Attn: Conference Manager – Elaine Katen

Fax number: 212-274-9879

Any additional questions, contact us at info@tcmconference.org

Total balance is due June 15, 2009. If payment is not received by June 15, 2009, the exhibitor will be considered a “no show” and Traditional Chinese Medicine World Foundation has the option to resell the booth. Any exhibitor requesting a refund must do so, in writing, prior to July 1. After July 1, no refund will be granted unless TCM World Foundation resells the booth. Transferring booth space to another company is not allowed. TCM World Foundation reserves the right to sell booth space from its waiting list if a booth becomes available due to non-payment.

Make checks payable to Traditional Chinese Medicine World Foundation or include
credit card number and name as indicated on card: Check enclosed Visa MasterCard

Company Name _____

Name on Card _____ Card # _____ Expiration Date _____

Billing Address _____

Phone Number _____

I understand and agree to abide by conditions defined above. TCM World Foundation is not responsible for any loss or damage.

Signature: _____ Title: _____



Traditional Chinese Medicine
WORLD FOUNDATION



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Company Name _____

Address _____

City _____ State _____ Zip Code _____

Contact Person _____

Phone Number _____ Fax Number _____

E-mail Address _____ Website Address _____

Please provide a brief description of your product/service(s) as you would like it printed in the conference material.

Would you like copies of the conference brochure for distribution? Yes No

Names of individual(s) who will be manning the booth. (One person per half booth, two people per full booth)

1 _____ 2 _____

(CEUs and CMEs are available for one/two vendor representatives. Names must be submitted prior to the show and a proper registration form must be completed.)

Representatives will apply for CEU credits (no fee) Yes No

Representatives will apply for CME credits and Yes No Amount submitted _____
\$50.00 fee is included for each representative

To help us make set-up run smoothly please answer a few key questions.

Will you be using a free standing display? _____ If so what are the dimensions? _____

Do you require an electrical outlet? _____

(The Westfields Marriott will impose a \$20.00 per day fee, plus a one time \$50 hook-up fee.)

Will you be using audio? (Headsets may be required.) _____

Will you be sending materials ahead of your arrival? _____



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