

**Society for Prevention Research (SPR)**  
**27<sup>th</sup> Annual Meeting**  
**Hyatt Regency San Francisco**  
**San Francisco, CA**  
**May 28 – 31, 2019**

**EXHIBITOR APPLICATION FORM**  
**Exhibitor Space: \$1,000**

Applications will be processed on a first-come, first-served basis. Applications will not be processed unless they are completed and signed and full payment is included.

Organization Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

**CONFERENCE RESPONSIBILITIES:**

- Exhibiting organization gets one six-foot table, draped and skirted, two chairs and electrical power in the exhibit area located in the Grand Ballroom Foyer.
- All other equipment must be secured by exhibiting organization through hotel.
- Exhibiting organization may collect leads at their booth.
- Exhibitor information (including all logistical details) will be sent upon receipt of signed contract.

**EXHIBITOR RESPONSIBILITIES:**

- Assure that your exhibition is adequately staffed for the event.
- Meetings will be in session throughout each day from 8:30 am – 5:30 pm.
- Ship materials directly to the Hyatt Regency San Francisco, 5 Embarcadero Center, San Francisco, CA 94111 USA; (415) 788-1234 (phone)

\$1,000 – Exhibitor Space includes (1) complimentary meeting registration

**TERMS OF PAYMENT**

Full payment of \$1,000 per exhibit booth must be received by check or credit card for application to be processed.

**CREDIT CARD INFORMATION**

Credit Card Type:  MC  VISA

Account #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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

I understand that my company is not confirmed to exhibit until this form is received by SPR via email, mail or fax and I receive a return confirmation. Cancellation deadline is May 6, 2019. An administrative fee of \$250 will be imposed should an exhibitor cancel. No cancellations will be accepted after May 6, 2019, and exhibitor will be responsible for full payment regardless of participation.

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