

# PREMIER EXHIBITOR APPLICATION

Contract for **BOTH** 2025 Conferences (Winter and Fall) at one time.

2025 WINTER  
2-6 Feb. | Exhibits: 3-5 Feb.

2025 FALL  
17-21 Aug. | Exhibits: 18-20 Aug.

Prices are listed in U.S. dollars and are subject to change.

Please review the 2025 BICSI Conference & Exhibition Rules and Regulations and Exhibitor Contract at [bicsi.org/marketing](https://bicsi.org/marketing).

Please indicate your desired booth size for each conference. Total booth price: Rate/Net Square Foot; 10'x10' increments.

**ON-SITE RATES:** Received by 22 March 2024.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
Winter 25 and	\$55.00/per ft <sup>2</sup>				
Fall 25	\$55.00/per ft <sup>2</sup>				

**EARLY BIRD RATES:** Received after 22 March 2024 and by 4 October 2024.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
Winter 25 and	\$60.25/per ft <sup>2</sup>				
Fall 25	\$60.25/per ft <sup>2</sup>				

**REGULAR RATES:** Received after 4 October 2024.

		No. of 10'x10's	Booth Configuration (e.g.: 20'X30')	Booth Sharing (\$500): Company Name	Total Booth Price
Winter 25 and	\$64.50/per ft <sup>2</sup>				
Fall 25	\$64.50/per ft <sup>2</sup>				

1. **On-site Rates:** Received by 22 March 2024.
2. **Early Bird Rates:** Received after 22 March 2024 and by 4 October 2024.
3. **Regular Rates:** Received after 4 October 2024.

Please contact the BICSI Sales Department for the number of Exhibitor Representatives and Exhibit Hall passes allotted for each booth size, and the word count for exhibitor descriptions in the conference program. Email: [cnalls@bicsi.org](mailto:cnalls@bicsi.org); Tel: +1 813.769.1842 or 800.242.7405 (USA & Canada toll-free).

## CONTACT INFORMATION (please type or print clearly)

Full company name (as you would like it to appear)		Order date
BICSI Corporate Member? <input type="checkbox"/> Elite Plus <input type="checkbox"/> Elite <input type="checkbox"/> Alliance		
Address	City	State/Province
Zip/Postal code	Country	Website
Company phone number	Company toll-free number	

## PRIMARY BOOTH CONTACT (to receive all exhibitor mailings)

Name/Title		Authorized Signature	
Work number	Mobile number	Email	Fax
Secondary Contact		Title	
Work number	Mobile number	Email	Fax

## CONTACT BICSI

Mail or fax this form to: BICSI, Attn: Courtney Nalls, 8610 Hidden River Parkway, Tampa, Florida 33637-1000 USA  
Fax: +1 813.971.0286; Phone: 800.242.7405 (USA & Canada toll-free) or +1 813.769.1842; Email: [cnalls@bicsi.org](mailto:cnalls@bicsi.org); Web: [bicsi.org](http://bicsi.org)

## WE AGREE UNCONDITIONALLY TO THE FOLLOWING TERMS:

1. If signing up by 22 March 2024, a 25% non-refundable deposit for each show is required. Remaining balances are due: Winter, by 4 October 2024; Fall, by 11 April 2025. If signing up after 22 March 2024, a 100% payment is due for Winter; 50% non-refundable deposit for Fall; Remaining balances are due on dates listed above or full payment is due if the dates listed above have passed. 2. Booth assignments will be made using a lottery system for all applications received and paid in full by the Early Bird deadline. After the deadline, assignments will be made on a first-come, first-served basis. 3. We understand, agree to, and will abide by the terms and conditions outlined in the *2025 BICSI Conference & Exhibition Rules and Regulations* and *Exhibitor Contract* located at [bicsi.org/marketing](http://bicsi.org/marketing).

Exhibiting companies agree to maintain such insurance that will fully protect BICSI from any and all claims of any nature whatsoever, including claims under the Worker's Compensation Act, and for personal injury, including death which may arise in connection with the installation, operation, or dismantling of the exhibitor's display. Exhibiting companies are required to add on to their existing insurance portal-to-portal rider at a nominal cost, protecting them against the loss damage to their materials by fire, theft, accident, or other related loss.

Authorized signature	Title	Date
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## BICSI CARES CONTRIBUTION

Would you like to make a tax deductible corporate donation to the BICSI Cares charity being supported at the conference(s)? If so, please check for which conference(s) and include your donation amount. Charity details will be posted to the conference website once a charity has been selected.

Winter Donation \$ \_\_\_\_\_  Fall Donation \$ \_\_\_\_\_  Please contact me with more information.

Authorized signature \_\_\_\_\_ Date \_\_\_\_\_

## PAYMENT SECTION

Please make all checks payable to BICSI in U.S. dollars, drawn from a U.S. bank. (Call BICSI's Accounting Department for instructions on wiring funds.) For your protection, BICSI does not accept emailed credit card numbers. If paying by credit card, please mail or fax your payment information instead.

+ Winter \$ _____	<input type="checkbox"/> Check or Money Order	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Discover
+ Fall \$ _____	Cardholder name (as it appears on the credit card)		Cardholder signature		
= Total \$ _____	Credit card number	Expiration date	CVV	Billing zip code (required)	

Call Sales at +1 813.769.1842.