



Loews Miami Beach Hotel  
Miami Beach, FL  
April 27-29, 2023

## Exhibitor Space Application

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

Exhibit:  10x10       10x20

Printed Name of Authorized Person \_\_\_\_\_

Title \_\_\_\_\_

Street Address \_\_\_\_\_

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

Office Phone \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Fax \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Email \_\_\_\_\_

Top 3 Booth Choices \_\_\_\_\_ (10% due now to reserve your booth space)

\$ _____ <i>Exhibitor Total</i>	_____ <i>Representative Signature</i>
<p><b><i>I am an authorized representative of the company with full power to sign and execute this application. The company listed agrees to comply with all instructions, rules, and regulations and agrees to promptly submit all information requested by IVC. By submitting a signed copy of this contract, we hereby apply for exhibit space for the IVC meeting.</i></b></p>	

*Mail Payment to:*  
**CineMed, Inc. \* 127 Main Street North \* PO Box 1007 \* Woodbury, CT 06798**

**CANCELLATION POLICY:**

Requests for cancellation of reserved exhibit space must be made in writing to brandy@icm-med.com. Refunds less a 15% administrative fee will be granted for requests received on or before January 1, 2023. After this date, refunds for reserved space will not be granted.

**PAYMENT METHOD**

Check in the amount of \$ \_\_\_\_\_ Payable to: International Conference Management, Inc.  
Tax ID 72-0846838

Charge in the amount of \$ \_\_\_\_\_  Visa  MasterCard  American Express  Discover

Credit Card Number \_\_\_\_\_ Exp Date \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Pin # \_\_\_\_\_ (3 or 4 digit number on back of card)

Cardholder Name \_\_\_\_\_ Signature \_\_\_\_\_

For further information, contact CineMed:  
 Brandy D'Heilly, Account Executive \* bdheilly@cine-med.net  
 Tel: 337.298.3869 \* Fax: 203.263.4839