# INTERNATIONAL SUSTAINABLE ASSET MANAGEMENT CONFERENCE

**ISAM 2018**

**JUNE 4-6, 2018**
**Georgia International Convention Center (GICC)**
**2000 Convention Center Concourse**
**Atlanta, GA**

## 1. EXHIBITOR INFORMATION:

NAME: _____

TITLE: _____

COMPANY NAME: _____

STREET ADDRESS: _____

CITY: _____STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ COUNTRY: _____

PHONE: _____ FAX: _____

CELL PHONE: _____

E-MAIL:_____

WEB ADDRESS: _____

## 2. BOOTH SELECTION:
Indicate your preference by booth number:

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____
*IFMA reserves the right to make modifications, adjust the floor plan and change or reallocate booth assignments as deemed necessary for the good of the overall Show. Management has the right to limit space if necessary.*

## 3. BOOTH FEES:

- Booths are available in increments of 10x10 (3mx3m) **US$1,000**

## 4. PAYMENT INFORMATION:

- _____ # of 10x10 (booth size @ $1,000 per 10x10)    $_____

**TOTAL DUE =  $_____**

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**Contract Terms:** This application is not a contract. It will not become a contract unless and until accepted by IFMA. Acceptance of this application by IFMA constitutes a binding contract between the named company and IFMA and the space is officially secured.

**Payment Terms:**
Full payment must be received with submission of booth application to reserve booth space. Payment may be remitted via credit card, ACH (wire) or check*.

**Cancellation/Refund Policy:**
Any booth secured at this time must be paid in full to be secured and is not eligible for a refund should the exhibitor cancel out of the show.

*The individual signing this contract is signing as an authorized representative of the company and the commitment lies with the company, not the individual. With the signature, the individual acknowledges the Payment Terms and Cancellation/Refund Policy stated above.*

AUTHORIZED NAME (Please type or print): _____

TITLE: _____

AUTHORIZED SIGNATURE: _____

DATE:   _____

### PAYMENT AUTHORIZATION

Charge US$_____ to my:

_____ AMEX    _____ MC _____ VISA

Card #:
_____

Exp:_____ Auth Code: _____

Cardholder Name:
_____

Billing Address:
_____

Cardholder Signature:_____

Date: _____

**E-MAIL COMPLETED APPLICATION TO:** tj.mendieta@ifm.org