



# NATIONAL CONVENTION 2009

FROM THE GRASSROOTS TO OUR NATION'S CAPITAL: CHANGE FOR OUR FUTURE | JUNE 12-14, 2009  
American-Arab Anti-Discrimination Committee

## EXHIBITOR CONTRACT

To reserve an exhibit table, please complete the following form. All information is required, incomplete applications will not be processed. Please note, table location are assigned on a first-come, first-served basis.

For more information contact the ADC Organizing Department:

Tel: 202-244-2990 | Fax: 202-333-3980 | Email: [organizing@adc.org](mailto:organizing@adc.org)

## RATES

			Number of Tables		Total
Non-profit organization, NGO*	\$500	x	_____	=	\$ _____
Small Business	\$1000	x	_____	=	\$ _____
Corporations	\$2000	x	_____	=	\$ _____
Government	\$2500	x	_____	=	\$ _____

\*Non-profit organizations must submit proof of 501(c) status with the signed contract, only 30 tables available.

## LOGISTICS

HOTEL: Hyatt Regency Washington on Capitol Hill | 400 New Jersey Avenue, NW | Washington, DC 20001  
Exhibit tables will be available from 8 am Saturday, June 13 through 2pm Sunday, June 14.

## TERMS

By signing this Contract, the exhibitor affirms that the exhibitor shall assume the entire responsibility for any loss, damage and/ or claim arising out of any injury or any damage to the exhibitor's display, equipment and/or any other property that might occur on the premises of the hotel and shall indemnify and hold harmless the hotel agents, employees, and ADC, its staff or representatives from any and all such loss, damage and/or claims. The exhibitor also agrees to abide by the safety regulations of the Fire Marshal and the hotel. This Contract does not include special services, such as special electrical requirements, easels, internet or telephone and/or data lines.

## PLEASE FILL OUT THE FOLLOWING

Check enclosed    American Express    Mastercard    Visa   Exp. Date     Month     Year

Credit Card #

3 or 4-digit security code located on the back of your credit card above the signature line. **(Required)**

TOTAL \$ \_\_\_\_\_ Signature \_\_\_\_\_

Name \_\_\_\_\_

Organization/Company \_\_\_\_\_

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_ Telephone \_\_\_\_\_ Fax \_\_\_\_\_