



**ADC 30 Year Annual National Convention**  
**Thirty Years of Advocacy and Achievement: Strengthening the Voice of Equality and Justice**  
**June 4 – June 6, 2010 -Washington Marriott Wardman Park Hotel, Washington DC**

**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

**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: Washington Marriott Wardman Park Hotel, Washington DC  
 EXHIBIT TABLES WILL BE AVAILABLE FROM 11 AM FRIDAY, JUNE 4 THROUGH 2PM SUNDAY, JUNE 6.

**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.

**ALL CONTRIBUTORS: PLEASE FILL OUT THE FOLLOWING**

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

Name \_\_\_\_\_

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

Address \_\_\_\_\_

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

E-mail \_\_\_\_\_

Phone \_\_\_\_\_ work \_\_\_ home \_\_\_ cell \_\_\_

Credit Card Number \_\_\_\_\_ Exp. \_\_\_ / \_\_\_

Security Code (3 or 4 digit number on front or back of card) \_\_\_\_\_ Required

**American-Arab Anti-Discrimination Committee | 1732 Wisconsin Ave. NW | Washington, DC 20007**  
**Tel: 202-244 2990 | Fax: 202-333-3980 | Email: convention@adc.org | www.adc.org**