

## EXHIBITOR APPLICATION & CONTRACT

### COMPANY INFORMATION

Please print the name and address of your company as you would like for it to appear in the program.

COMPANY NAME \_\_\_\_\_ ("Company or Exhibitor")

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

EMAIL \_\_\_\_\_ WEBSITE \_\_\_\_\_

### COMPANY DESCRIPTION (to be printed in meeting materials)

A 65-word description of products or services must be submitted with your application for approval by the exhibit committee and inclusion in the exhibit program. Descriptions exceeding 65 words may be returned or edited at the discretion of the exhibit committee. All descriptions are subject to editing at the discretion of the exhibit committee. You must send your description as an attachment to [exhibits@pathologyvisions.com](mailto:exhibits@pathologyvisions.com).

Exhibitor - Sponsor (please mark your exhibit or sponsorship selection(s) below)

- |   |  |
|---|--|
| <input type="checkbox"/> Diamond Sponsor - \$30,000                     | <input type="checkbox"/> Internet Café - \$5,000                 |
| <input type="checkbox"/> Platinum Sponsor - \$20,000                    | <input type="checkbox"/> Room Key Sponsorship - \$5,000          |
| <input type="checkbox"/> Gold Sponsor - \$10,000                        | <input type="checkbox"/> Pens - \$4,000                          |
| <input type="checkbox"/> Silver Sponsor - \$5,000                       | <input type="checkbox"/> Notepads - \$4,000                      |
| <input type="checkbox"/> Exhibit Booth Only - \$4,000                   | <input type="checkbox"/> Refreshment Break Sponsorship - \$3,000 |
| <input type="checkbox"/> Pre-Conference Workshop (1 hour) - \$5,000     | <input type="checkbox"/> Lanyards - \$3,000                      |
| <input type="checkbox"/> Pre-Conference Workshop (30 minutes) - \$3,000 | <input type="checkbox"/> Ad in Program - \$1,500                 |
| <input type="checkbox"/> Conference Bags - \$15,000                     | <input type="checkbox"/> Web Banner - \$1,000                    |
| <input type="checkbox"/> CAP Foundation Travel Awards - \$11,000        | <input type="checkbox"/> Room Drop - \$1,000                     |
| <input type="checkbox"/> Breakfast or Lunch Sponsorship - \$6,000       |  |

### PAYMENT

A fifty percent (50%) deposit is due with signed contract. Full payment is due by August 20, 2010.

Please make checks payable in U.S. dollars and drawn on a U.S. bank to:

#### Pathology Visions

1360 Park Center Dr.

Fax: 760.539.1164

Vista, CA 92081

E-mail: [exhibits@pathologyvisions.com](mailto:exhibits@pathologyvisions.com)

Telephone: 760.539.1134

For credit card payments, please complete the Credit Card Authorization Form and fax or email.

We agree to abide by the Pathology Visions Conference Terms and Conditions listed on the reverse side of this document and in the Pathology Visions 2010 Exhibitor Prospectus.

COMPANY NAME: \_\_\_\_\_

BY: NAME \_\_\_\_\_ TITLE \_\_\_\_\_

(please print)

SIGNATURE \_\_\_\_\_

(authorized signer)

For a detailed list of sponsorships, see 2010 Pathology Visions Sponsorship Opportunities.

## Pathology Visions Terms and Conditions

Pathology Visions 2010  
Sheraton San Diego Hotel and Marina  
San Diego, CA

Exhibit Dates: October 24, 25, 26, 27, 2010

Third Party Contractor Notification Date: August 20, 2010

### Exhibit Staffing

EXHIBIT BOOTH MUST BE STAFFED AT ALL TIMES DURING EXHIBIT HOURS.

Exhibitors are advised to be in their booths thirty (30) minutes prior to show opening each day. As a courtesy to the attendees and your fellow Exhibitors, Pathology Visions requests strict adherence to the opening and closing hours. Deliveries or removal of equipment must be made before or after exhibit hours. A pass must be obtained from the Exhibit Management desk to remove any material or equipment prior to Wednesday. Once the exhibit opens for the last day of exhibiting, nothing may be removed until the exhibit is officially closed at which time no pass is required. Strict security will be in effect at all times.

### Space Assignment

Applications for exhibit space are subject to the approval of the Pathology Visions Exhibit Committee. A sixty five (65)-word description of specific products and/or services must be sent in with the application form.

### Sharing Space

No subletting or sharing of exhibit space is permitted.

### Booth Space Cancellations

Any Exhibitor who cancels must formally notify the exhibit committee in writing. It is agreed that if: (a) Exhibitor cancels before July 20, 2010, twenty percent (20%) of the booth cost will be charged as an administrative fee, (b) Exhibitor cancels its space between July 20 and August 20, 2010, it will be responsible for paying fifty percent (50%) of the total cost of the space, (c) Exhibitor cancels space after August 20, 2010, it will be responsible for paying one hundred percent (100%) of the originally contracted price. The exhibit committee shall have the absolute discretion to reallocate or resell the cancelled booth. Exhibitor hereby acknowledges that the above charges represent a reasonable compensation for the costs incurred as a result of the Exhibitor's cancellation and that they do not represent a penalty.

### Compliance with Laws

Each Exhibitor will agree to comply with all applicable Federal, State and local laws, ordinances, rules and regulations including all fire codes and health regulations.

### Liability

Exhibitor assumes full responsibility for its participation in the Pathology Visions Conference and hereby agrees to protect, indemnify, defend, and hold harmless Pathology Visions, Digital Pathology Association (DPA), Aperio Technologies, Inc., Sheraton San Diego Hotel and Marina and PSAV Presentation Services to include their respective directors, officers, employees and agents ("Representatives") from and against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney's fees arising out of or caused by Exhibitor's or Exhibitor's third party contractors' installation, removal, maintenance, occupancy, or use of the Pathology Visions Conference premises or a part thereof or in connection with its participation in the Pathology Visions Conference, excluding only any liability for damages caused solely by the negligence of Pathology Visions, DPA, Aperio Technologies, Inc., Sheraton San Diego Hotel and Marina and/or PSAV Presentation Services, or their respective Representatives. In addition, Exhibitor acknowledges that Pathology Visions, DPA, Aperio Technologies, Inc., Sheraton San Diego Hotel and Marina and PSAV Presentation Services do not and shall not be obligated to obtain or maintain insurance coverage regarding Exhibitor's property, conduct, activities or liabilities ("Risks") in connection with the Pathology Visions Conference and that it is the sole responsibility of Exhibitor to obtain insurance coverage regarding such Risks in connection with the Pathology Visions Conference.

### Security

Security for the exhibits will be provided; however, Pathology Visions, DPA, Aperio Technologies, Inc., Sheraton San Diego Hotel and Marina, and PSAV Presentation Services make no guarantees of any kind to protect Exhibitor, its Representatives or its property against any injury, loss, or damage of any kind, and Exhibitor assumes all risks of such injury, loss or damage in connection with its participation in and/or at the Pathology Visions Conference. Exhibitors are advised to be in their booths thirty (30) minutes prior to show opening each day.

### Insurance

Exhibitor shall obtain insurance coverage to protect it against injury, losses, damages or liabilities in connection with its participation in the Pathology Visions Conference, including without limitation, a portal-to-portal rider on its own insurance policy to protect against losses or damage in connection with the Pathology Visions Conference. The Exhibitor understands that neither Pathology Visions, DPA, Aperio Technologies, Inc., nor Sheraton San Diego Hotel and Marina maintains insurance covering the Exhibitor's property and it is the sole responsibility of the Exhibitor to obtain such insurance.

### Third Party Contractors

If Exhibitor uses any third-party contractors in connection with activities on the Pathology Visions Conference premises, Exhibitor shall submit to Pathology Visions Conference a completed Third-Party Contractor Notification by the due date noted above. Exhibitors using third-party contractors agree to and shall indemnify, defend and hold harmless Pathology Visions, DPA, Aperio Technologies, Inc., the Sheraton San Diego Hotel and Marina and PSAV Presentation Services to include their respective directors, officers, employees and agents ("Representatives") from and against all claims, losses, and damages to persons or property, governmental charges or fines, and attorney's fees arising out of or caused by such third-party contractors' activities in connection with the Pathology Visions Conference or on the Pathology Visions Conference premises.

### Reservation of Rights

The exhibit committee reserves the right to take any action that is reasonably necessary, as determined by the exhibit committee's sole discretion, for the protection of the Pathology Visions Conference and attendees.

### Governing Law

This contract shall be construed in accordance with, and governed in all respects by, the internal laws of the State of California, without giving effect to principles of conflict of laws.

### Prohibited Promotional Practices

1. Giveaway items that do not comply with stated policy
2. Sub-leasing or sharing exhibit space
3. Canvassing or distributing any material outside the exhibitor's own space
4. Contests, lotteries, raffles or games of chance, as well as the display or promotion of special discount offers
5. Entering another exhibitor's booth or taking photographs of another exhibitor's booth without permission
6. The use of balloons or glitter products.

Relevant portions of the foregoing prohibited practices are applicable to non-exhibitors at all times

### FOR OFFICE USE ONLY

Space Assignment # \_\_\_\_\_ Cost of Space \$ \_\_\_\_\_ Deposit Rec'd \$ \_\_\_\_\_ Balance Due \$ \_\_\_\_\_  
Refund Due \$ \_\_\_\_\_ Description Rec'd \_\_\_\_\_ Remarks \_\_\_\_\_ Date Received \_\_\_\_\_