

Application for Exhibit Space

Application for exhibit space at the 69th Annual Biosafety and Biosecurity Conference indicate the applicant's willingness to abide by all accompanying exhibit terms and conditions, general regulations, as well as such additional rules and regulations as the ABSA International management deems necessary for the success of the exhibition, provided these latter do not materially alter the exhibitor's contractual rights. This application will become a contract when payment is processed by ABSA International. Please note the cancellation terms under Section C and the acceptability of exhibits under Section D of the "Exhibit Terms and Conditions" page in this Exhibitor's Prospectus as they will be strictly enforced.

10' x 10' Exhibit Booth Rates

\$2,900 per booth

\$3,500 per premium booth—denoted with "P"

Rates include 2 exhibit booth personnel.

\$500 for each additional booth personnel (limited to 4 additional for 6 maximum)

Applications must be received by Wednesday, September 9.

Provide 5 booth choices in order of preference from the 2026 exhibit hall floor plan.

1st _____ 2nd _____ 3rd _____ 4th _____ 5th _____

We will comply with the Exhibit Terms and Conditions as published in the 2026 Exhibitor's Prospectus. yes no

Please try not to place our booth near these companies: _____

Company/Product Description

E-mail a 50-word company or product description along with the company's name and website to Karen Savage at karen@absaoffice.org by **Friday, August 14.**

Contact Information

Company Name _____

Contact Person _____ E-mail _____

Address _____

City _____ State _____ Zip _____

Phone _____ Website _____

Exhibit Booth Personnel

Please assign exhibit booth personnel by **Wednesday, September 9.** *Changes after this date will be assessed a \$50 fee.*

1. Name _____ E-mail _____

2. Name _____ E-mail _____

Exhibit booth personnel will receive lunch on Monday and Tuesday.

Special Event/Banquet tickets for Tuesday, October 12 are not provided to the exhibit booth personnel but may be purchased separately.

Payment

Check (*must accompany application*) **OR** Visa MasterCard American Express

Please make checks payable to "ABSA International" in U.S. bank drafted funds.

Credit Card # _____ Exp Date _____

CVV Code _____ Cardholder's Name _____

Total \$ _____ Signature _____

Applications must be received by Wednesday, September 9. Submit it to Karen Savage at karen@absaoffice.org.

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