

ECC₂₀₁₂

EASTERN CLAIMS CONFERENCE

Exhibitor / Hospitality Sponsor
Application

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone _____ Fax _____

E-mail _____ Web Address _____

Nature of Business _____

HOSPITALITY SPONSOR (Includes 8x10 Booth Space)

8x10 Booth in Starlight Roof	\$3,500
Full Page Ad.....	Included
Names of Representatives to Attend (Lunch Included)	
1) _____.....	Included
2) _____.....	Included
Additional Representatives, if any (Lunch Included)	
3) _____.....	\$250pp
4) _____.....	\$250pp

STANDARD EXHIBITOR

3x6 Tabletop Space in Palm Room	\$1,700
8x10 Booth Space in Palm Room	\$2,200
½ page ad.....	Included
Upgrade Ad to full page.....	\$250
Please reserve ____ lunch tickets for Monday.....	\$125pp
Please reserve ____ lunch tickets for Tuesday.....	\$125pp
Names of Representatives to Attend	
1) _____.....	Included
2) _____.....	Included
Additional Representatives:	
3) _____.....	\$175pp
4) _____.....	\$175pp

TOTAL REGISTRATION FEE: _____

TOTAL AD FEE: _____
TOTAL LUNCH FEE: _____
ADDITIONAL REPS: _____
LATE FEE: _____ **(\$100 after 1/31/2012)**
TOTAL DUE: _____

We hereby apply for exhibitor space at the 2012 Eastern Claims Conference. We understand that this application must be accompanied with a payment covering the selections made above.

We understand that there are no refunds for cancellations made after January 31, 2012. There is a \$100 processing fee for cancellations made prior to January 31, 2012.

REGARDING LIABILITY, EXHIBITOR AGREES TO PROTECT, SAVE, AND HOLD THE EASTERN CLAIMS CONFERENCE AND THE WALDORF ASTORIA HOTEL AND ITS EMPLOYEES, AND ALL BENEFICIARIES AND AGENTS THEREOF, (HEREINAFTER COLLECTIVELY CALLED INDEMNITEES) FOREVER HARMLESS FOR ANY DAMAGES OR CHARGES IMPOSED FOR VIOLATIONS OF ANY LAW OR ORDINANCE, WHETHER OCCASIONED BY THE EXHIBITORS OR THOSE HOLDING UNDER THE EXHIBITOR, AND FURTHER, EXHIBITOR SHALL AT ALL TIMES PROTECT, INDEMNIFY, SAVE, AND HOLD HARMLESS THE INDEMNITEES AGAINST AND FROM ANY AND ALL LOSSES, COSTS (INCLUDING ATTORNEYS FEES), DAMAGE, LIABILITY, OR EXPENSE ARISING FROM OR OUT OF BY REASON OF ANY ACCIDENT OR BODILY INJURY OR OTHER OCCURRENCE TO ANY PERSON OR PERSONS OR TO THE PROPERTY OF SAME, INCLUDING THE EXHIBITOR, ITS AGENTS' EMPLOYEES, AND BUSINESS INVITEES WHICH ARISES FROM OR OUT OF OR BY REASON OF SAID EXHIBITOR'S OCCUPANCY AND USE OF THE EXHIBITION PREMISES OR A PART THEREOF, EXCEPT SUCH AS SHALL ARISE DIRECTLY FROM THE ACTS OF THE INDEMNITEES.

Authorized Signature

Date

Amex MasterCard Visa

CHECKS SHOULD BE PAYABLE TO:

Credit Card Number

THE EASTERN CLAIMS CONFERENCE
PO Box 2730
Stamford, CT 06906-0730

Expiration Date

_____/____/_____

**ALL CHECKS MUST BE IN U.S.
FUNDS AND DRAWN ON A U.S. BANK.**

Cardholder Signature