

Saturday, December 6, 2025 | College Park Marriott Hotel and Conference Center | Hyattsville, MD

EXHIBITOR APPLICATION

COMPANY NAME			_
COMPANY ADDRESS			
CITY	STATE _	ZIP CODE	
WEBSITE			
COMPANY CONTACT	TITLE	EMAIL	
PHONE	CELL PHONE	FAX	
AUTHORIZED SIGNATURE By signing above, the individual signing this con	ntract represents and warrants that he/she is duly authorize	ed to execute this binding contract. Insert digital signature or print a	and fax
NAME OF CORRESPONDENCE AND BI	LLING CONTACT (If other than signer)		
STREET ADDRESS OF CORRESPONDE	ENCE AND BILLING CONTACT (If other than signe	er)	
CITY	STATE	ZIP CODE	

PAYMENT INFORMATION Amount (in US dollars):

Premium: Two 6' Tables - \$10,000 Standard: One 6' Table - \$7,500

MAIL PAYMENT TO

MedStar Washington Hospital Center Attention: Debbie Schapiro / CRT 110 Irving Street, NW Suite 6B-4 Washington, DC 20010

TERMS AND CONDITIONS OF PAYMENT

Application will not be deemed complete until full payment of booth fee is received. Applications submitted without full payment will not be processed. Please make checks payable to: MedStar Washington Hospital Center (Tax ID #52-1272129)

We hereby apply for exhibit space for our use at the conference identified. We understand that this application becomes a contract when signed by us and accepted by MWHC.

CANCELLATION POLICY

In the event that an exhibitor cancels all or part of the contracted exhibit space, the exhibitor must do so in writing and will be obligated to pay MWHC fees based on the following schedule: Before October 31 2025, 50% of exhibit fee refunded. No refunds will be given starting November 1, 2025

Each badge entitles the exhibitor to admittance to all sessions.

By submitting this application we hereby agree to the terms and conditions.

QUESTIONS

Please contact Industry Relations Manager Andrew Stowell at Andrew.M.Stowell@MedStar.net or 703.409.7197.



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