2020 EDPMA EXHIBITOR CONTRACT
SOLUTIONS SUMMIT 2020
Renaissance Nashville, Nashville, TN
May 3-6, 2020

Company:__________________________________________________________________
Contact:__________________________________________________________________ Title:__________________________________________
(This is the person designated to receive all correspondence from us regarding your exhibit.)
Street Address:__________________________________________________________________
City:________________ State:____________ Postal Code:________________
Phone:________________ Email:__________________________________________

Booth Selection

<table>
<thead>
<tr>
<th></th>
<th>2019 Onsite</th>
<th>By July 31, 2019 20% Discount</th>
<th>Standard Rate</th>
</tr>
</thead>
<tbody>
<tr>
<td>Member Exhibit Space</td>
<td>$1,800</td>
<td>$2,000</td>
<td>$2,200</td>
</tr>
<tr>
<td>Non-Member Exhibit Space</td>
<td>$2,000</td>
<td>$2,200</td>
<td>$2,400</td>
</tr>
</tbody>
</table>

Total Payment: $________

I am authorized by the above-listed company or organization to commit to support in the indicated amount:

Signature:________________________ Date:________________________

Signature must be made by authorized representative of the organization. All sponsorship requests are final and non-retractable upon execution of contract. Please print names exactly as you would like them to appear on all materials.

☐ Check here to receive the prospectus with all 2020 Solutions Summit sponsorship opportunities

List any Table Top Sponsors you want to be separated from:_________________________________________________________

List your top 3 - 5 booth numbers for 2020 (floorplan on back):_____________________________________________________

PAYMENT INFORMATION (Payment must be submitted along with this form):

☐ Check Payment: Please make check payable to EDPMA and mail to: EDPMA, 1420 New York Avenue NW, 5th Floor, Washington, D.C. 20005

☐ Credit Card Payment (Fax to 202-688-2867) ☐VISA ☐MasterCard ☐AMEX

Card Number:________________________________________ Exp. Date:________________________

Print name as it appears on card:______________________________________________________________

Billing address including postal code:_________________________________________________________________________

CANCELLATION & PAYMENT POLICY: This document serves as a contract. All sponsorship requests are final. Execution of this registration form signifies assumption of legal responsibility to pay for all opportunities as stipulated on the form. Payment must be made in U.S. dollars drawn on a U.S. bank. For tax reporting purposes, EDPMA’s Federal tax ID number is 54-1869643 under IRS code 501(c) 6.