



Laser Science to Photonic Applications

# 2022 Additional Listing Contract

17-19 May 2022, San Jose McEnery Convention Center, San Jose, California, USA

Return signed contract with payment to Exhibit Sales, sales@cleoconference.org

## 1 EXHIBITING COMPANY INFORMATION

We are a first-time exhibitor.

Company Name: \_\_\_\_\_ Booth #: \_\_\_\_\_

## 2 EXHIBITING COMPANY PRIMARY OPERATIONS CONTACT

Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: (main mode of communication—print clearly): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Additional Listing Benefits	Included	Not Included
Separate Online Company Profile Login	✓	
Company Profile Information Displayed Online	✓	
Company Profile Information Displayed in Conference App	✓	
Access to Exhibitor Hotel Discounts	✓	
Identification Sign -to order additional ID signs, contact Exhibit Operations at exhibits@cleoconference.org		⊗
Exhibitor Registration Dashboard Account - Only main exhibiting company can register booth staff		⊗

## 3 ADDITIONAL LISTINGS - \$250 FOR EACH ADDITIONAL COMPANY

① **ADDITIONAL LISTING COMPANY CONTACT** — to receive all information for this profile

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: (main mode of communication—print clearly): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

② **ADDITIONAL LISTING COMPANY CONTACT** — to receive all information for this profile

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Email: (main mode of communication—print clearly): \_\_\_\_\_

Tel: \_\_\_\_\_ Fax: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ ZIP/Postal Code: \_\_\_\_\_ Country: \_\_\_\_\_

**4 CONTRACT AUTHORIZATION:** By signing below, with or without appropriate payment, this contract shall become a legally binding contract. The individual signing this document represents that he/she is duly authorized to execute this binding contract on behalf of the exhibitor. By signing this agreement, Exhibitor agrees to abide by and be bound to this Contract, Exhibition Rules and Regulations, any additional rules and regulations published by CLEO Management, and the following documents (which are hereby incorporated by reference as part of this Contract) as they may be amended by OFC Management from time to time: CLEO Exhibitor Service Manual (inclusive), CLEO Code of Conduct (available at cleoconference.org/codeofconduct), and CLEO Privacy Policy (available at cleoconference.org/privacy-policy).

**PAYMENT AND CANCELLATION:** Payment in full must accompany the contract. Defaults in payment may result in cancellation (subject to cancellation fee). Exhibitor must cancel the contract via electronic mail (email), fax or written notice forwarded to the address set forth in this contract. No refund will be due to exhibitor if cancelled. Cancellation fees will not be applied to any other past, current, or future charges incurred by Exhibitor and are non-transferable. In no event will Exhibitor receive a credit from any revenue later generated by reuse of the exhibit space or sponsorship by Exhibit Management. Exhibitor shall also forfeit all exhibitor privileges.

Authorized Representative Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative Name (Please print): \_\_\_\_\_

**5 PAYMENT:** Full payment is due with contract. Make checks payable (in US Dollars, drawn on a US bank) to Optica, mail checks to OFC Exhibits, c/o Optica, 2010 Massachusetts Avenue, NW, Washington, DC 20036, USA. Wire Transfer - (ACH payments are not accepted) direct funds to: Bank of America, 1501 Pennsylvania Ave. NW, Washington, DC 20013 USA; ABA# 0260-0959-3; Beneficiary, Optica; Acct.#20-867-84-287; SWIFT, BOFAUS3N. Please incorporate any bank fees associated with your wire transfer, to include a \$25 processing fee by Bank of America, as remitter is responsible for these fees.

You may also pay by credit card:  Visa  M/C  Diners  AmEx

Amount: \_\_\_\_\_ Card No: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV: \_\_\_\_\_

Print Name (as it appears on card): \_\_\_\_\_ Billing Zip/Post Code: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_