

Exhibit Application AND CONTRACT

National Kidney Foundation 2010 SPRING CLINICAL MEETINGS

EXPO: April 14-16, 2010 MEETING: April 13-17, 2010 Walt Disney World Swan and Dolphin

PROGRAM BOOK INFORMATION:

Please complete application online, e-mail, or type on a separate sheet of paper and fax a description in 50 words or less of the products, equipment or services to be exhibited. The description will appear in the Exhibitor Directory. NKF reserves the right to edit text to conform to format and length limit when necessary. **Please include this information when application is submitted.**

BOOTH PRICES: CORPORATE:

Standard in-line booth
\$30.00 per net sq. ft.

Corner in-line booth
\$32.00 per sq. ft.

Island booth
\$38.00 per net sq. ft.

NON-PROFIT:

Standard in-line booth
\$15.00 per net sq. ft.

Make checks payable to the National Kidney Foundation and return application to:

National Kidney Foundation
30 East 33rd Street
New York, NY 10016
Attn: Denise Devlin

Applications may be faxed if payment is by credit card.

FAX TO: 212.689.9261

E-MAIL: denised@kidney.org

FOR OFFICE USE ONLY

Date received _____

Deposit received _____

Final payment received _____

Booth number _____

PLEASE PRINT OR TYPE LEGIBLY:

Company Name: _____
(As it will appear exactly in the Spring Clinical Meetings Program Book, related publications and booth sign.)

Address: _____

City: _____ State: _____ Zip: _____

Phone: (_____) _____ Fax: (_____) _____

Company E-mail: _____

Booth Contact Person: _____

Contact E-mail: _____

Contact Title: _____

Send Exhibitor Service Kit to (If different from above.): _____

BOOTH CHOICES: Please list four choices of exhibit space. Do not concentrate choices in one area of the Exhibit Hall.

Please make your selections from different areas of the Exhibit Hall.

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

Island Requested: Yes No

Corner Requested: Yes No

(Corners will be assigned if available, and are not guaranteed. Please call to confirm availability.)

TYPE OF EXHIBITOR/AREA TO BE ASSIGNED: Corporate Non-Profit
(Corners are not available for non-profit exhibitors.)

Please check if you wish to receive more information about support opportunities.

List companies which you do not wish to be placed near (every effort will be made to comply):

Payment in full for each 10' x 10' of exhibit space must accompany the Exhibit Application and Contract. **Full payment for booth space is due February 10, 2010.** All exhibits are subject to approval and review by NKF.

We/I agree to all requirements, restrictions and obligations set forth in the Spring Clinical Meetings Exhibitor Prospectus, including the exhibit rules and regulations and any other rules and directives that are issued at any time by the NKF in connection with the NKF Spring Clinical Meetings. We/I further acknowledge that NKF reserves the right, in its absolute discretion, to reject this application to exhibit. Moreover, this application form shall not become a binding contract until fully executed by both parties hereto.

Signature: _____

Title: _____ Date: _____

Name as it appears on card: _____

AMEX VISA MASTERCARD Payment Amount \$ _____

Credit Card Number Verification Number

Expiration Date: mm/yy ____/____ Authorized Signature: _____