

65TH ANNUAL BUSINESS AVIATION SAFETY SUMMIT  
**BASS 2020**  
SAVANNAH, GEORGIA | APRIL 29-30



## Exhibit Booth Contract

Savannah International Trade and Convention Center  
1 International Dr.  
Savannah, GA 31421 United States

### 1. Exhibit Booth Pricing & Selection

Select your booth pricing.

- FSF or NBAA Member US \$3,000  
 Non-member US \$4,500

# of Standard Booths: \_\_\_\_\_ 1st Choice \_\_\_\_\_ 2nd Choice \_\_\_\_\_ 3rd Choice \_\_\_\_\_

*FSF reserves the right to assign, designate or change booth locations.*

**List all known competitors you prefer not to be near. Distance from competitors cannot be guaranteed.**

*Payment of exhibit space and additional exhibit company registrations must be received within 30 days of receipt of application or space will be forfeited.*

*Flight Safety Foundation follows the International Association for Exhibition and Events (IAEE) Guidelines for Display Rules & Regulations. These guidelines are incorporated by reference and made part of these Rules and Regulations and included in the official Exhibitor Service Manual.*

### 2. Contact and Company Information

**2.a Company Contact** (name of person filling out this form): \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**2.b Exhibitor Directory Information** (provide information as you want it to appear in the BASS mobile app, website, signage, etc.)

First/Last Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

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

City/State-Province/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Website: \_\_\_\_\_

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Please return to Namratha Apparao at [apparao@flightsafety.org](mailto:apparao@flightsafety.org) or by fax +1-703-739-6708.

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### 3. Exhibitor Profile

Provide a 200 words or less exhibitor/company description to be used as a profile in the Mobile App.

### 4. Booth Complimentary Registration

Check and fill in one box below.

- Apply the exhibitor complimentary full registration to the person listed above in 2.b.  
*FSF asks that you also provide the following registration information for the person in 2.b.*

Emergency contact name & phone: \_\_\_\_\_

Special dietary, medical, or ADA requirements to fully participate in this meeting:

\_\_\_\_\_

- Apply the one complimentary full registration to the following person:

First/Last Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_

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

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

City/State-Province/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

Special dietary, medical, or ADA requirements to fully participate in this meeting:

\_\_\_\_\_

### 5. Additional Booth Registrations at US \$400

To register additional booth personnel at the special rate of US \$400\*, please complete the form at the end of this contract. One form per person. Be sure to include the additional cost in your payment method.

\* This benefit is limited to two additional registrants from the same company.

## 6. Payment Method

Total amount due: \_\_\_\_\_ (be sure to include cost of booth + any additional booth staff)

- Attached is my check payable to Flight Safety Foundation
- Invoice me (Purchase order #: \_\_\_\_\_)
- Charge my:       American Express       Visa       MasterCard

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_

## 7. Cancellation Policy, Terms & Conditions

### Cancellation Policy

Refund or credit, less a US \$250 administrative fee, will be given for exhibit booth cancellations received by Monday, January 27, 2020. Credit cannot be applied towards membership dues or Networking Dinner. **No refund or credit will be given for cancellations received after Tuesday, January 28, 2020.** Canceled booths also forfeit all exhibitor benefits, including the complimentary registration. All cancellation, refund, and credit requests should be sent by email to [events@flightsafety.org](mailto:events@flightsafety.org). Exhibiting companies who do not show up at the summit and have not sent an email cancellation by the deadline, will forfeit the entire exhibitor fee.

### Terms & Conditions

1. Booth construction guidelines are set forth in the International Association of Exhibitions and Events (IAEE) display rules and regulations. These guidelines are incorporated by reference and made part of these Rules and Regulations and included in the official Exhibitor Service Manual.
2. Booth Package Includes: Each 10' x 10' booth will be set with 8' high back wall, 3' high side rails, one 6' skirted table, two chairs, one wastebasket, and one 7" x 44" ID sign. Additional booth materials may be purchased directly from our exhibit contractor. Details will be forwarded to confirmed exhibitors 4 weeks prior to summit.
3. All booths must be set-up by 1800 on Tuesday, April 28, 2020 to be ready for continental breakfast in the exhibit hall beginning at 0730 on Wednesday, April 29, 2020.
4. If the booth is not occupied by 1800 on Tuesday, April 28, 2020 FSF will consider it canceled by the exhibitor and will use such space as it deems appropriate. If additional time is required for set-up, contact FSF's Namratha Apparao at [apparao@flightsafety.org](mailto:apparao@flightsafety.org) or +1 (703) 739-6700, ext. 101.
5. Exhibitor move-out is scheduled for Thursday, April 30, 2020 from 1700-1900.
6. Distribution and placement of publications/ marketing materials outside of assigned exhibit space are prohibited.
7. FSF reserves the right to cancel or reschedule all or any part of this event if there is insufficient registration or for other internal reasons. Should FSF cancel the event, and elect not to reschedule, all exhibitors will be notified via email and refunded the exhibitor fee in full.
8. Should FSF reschedule the event, exhibitors will have the option to transfer any paid exhibitor fees to the new event dates or receive a refund in full (minus administrative fees). Should FSF need to cancel and/or reschedule the event, FSF is not responsible for cancellation charges assessed by hotels, airlines or travel agencies, or other losses incurred due to the cancellation or rescheduling of the event.
9. Should external circumstances such as weather, acts of God, or other factors beyond FSF's control delay or prevent the event from occurring, FSF will consider the situation and advise exhibitors accordingly by email.

**Check the box below and sign indicating you have read and understood the cancellation policy, terms and conditions listed at the end of this contract.**

- Yes. I understand the Flight Safety Foundation's BASS Exhibit Booth Cancellations Policy and Terms & Conditions.

Signature: \_\_\_\_\_ (Insert or type your name)

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Please return to Namratha Apparao at [apparao@flightsafety.org](mailto:apparao@flightsafety.org) or by fax +1-703-739-6708.

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# Additional Exhibit Booth Personnel Registration Form

## Use one form per person

Each exhibiting company can purchase additional exhibitor registrations for employees at a special discounted price of US \$400 each. Registrations are reserved only for employees of the exhibitor and are not transferable. No one authorized to wear an exhibitor's registration badge may represent any company, product or service other than those of the exhibitor. Badges give the wearer admission to the show floor, sessions, and food functions. As per the Exhibitor Display Rules & Regulations, badges must bear the company name that is designated on the Contract for Exhibit Space.

1. Submit your additional booth personnel registration forms with your exhibit booth contract and payment.
2. If you need to register additional booth personnel after the booth contract has been submitted, use this form and complete the payment information below.

First/Last Name: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Exhibiting Company: \_\_\_\_\_

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

City/State-Province/Postal Code: \_\_\_\_\_

Country: \_\_\_\_\_ Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Emergency contact name & phone: \_\_\_\_\_

List any special dietary, medical, or ADA requirements in order to fully participate in this meeting:

\_\_\_\_\_

### Amount due: US \$400

Charge my:  American Express  Visa  MasterCard

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Signature: \_\_\_\_\_