

COMPANY INFORMATION

Company Name: _____
Legal company name.

Company Name for AFM listing: _____
This is how your company will be listed online and in print.

Company Main Address: _____

City, State: _____

Country: _____ Postal Code: _____

Company Website: _____ Main Telephone: _____

MAIN EXHIBITOR CONTACT: All AFM communications, passwords and badge forms will be sent to this **one email address only**. It is this person's responsibility to share AFM related information with colleagues. If the contact person changes notify the AFM immediately.

First Name: _____ Last Name: _____

Job Title: _____ Email: _____

Mobile: _____ Direct Telephone - if different from Mobile: _____

ASSIGNMENT REQUEST

Review the Atrium floor plans before completing this section. Specify your top three preferred floors in order of priority. Exhibition space will be confirmed once the agreement and deposit have been received.

80 sq. ft. Booth (10'w x 8'd) - US\$6,000

Each additional 40 sq. ft. (5'w x 8'd) - US\$3,000 _____ Amount of additional sq. ft. requested

Floor Preference 1: _____ Floor Preference 2: _____ Floor Preference 3: _____

PAYMENT

Payment Dates: A 50% non-refundable deposit is due with this agreement. Exhibition Space is assigned on a first come, first served basis once the Exhibition Agreement and deposit are received. See the **Exhibitor Payment, Cancellations and Refunds** section of the attached *Terms and Conditions* for more information.

Payment Types: Indicate payment type below. An invoice with payment instructions will be sent upon receipt of Agreement.

Credit Card

Check

Bank Wire Transfer

SIGNATURE

By signing, Company ("Exhibitor") agrees that it and its employees and other representatives will fully comply with the AFM Guidelines (posted at www.AmericanFilmMarket.com) and this Agreement, including its *Terms and Conditions* which are attached and incorporated by this reference.

Print Name: _____ Job Title: _____

Signature: _____ Date: _____