



## 2019 Genetics Summit

### Exhibitor Application

#### **\$1000 Exhibitor Benefits Include:**

- Recognition on conference website and conference communication
- Exhibit table at Genetics Summit
- Complimentary conference registration for one attendee
- New online in app exhibitor listing

### How to Apply:

The Exhibitor Application/Agreement follows on the next page. Complete and return the application with the appropriate payment by **August 26, 2019** to: Texas Health Institute / Attention: Stephanie Ondrias / 9111 Jollyville Rd, Suite 280, Austin, TX 78759. For additional information, contact Stephanie Ondrias by e-mail: [sondrias@texashealthinstitute.org](mailto:sondrias@texashealthinstitute.org) or telephone: **(512) 279-3920**.

### Contact And Payment Information:

Organization: \_\_\_\_\_

(Exactly as it is listed on all acknowledgements)

Contact Name: \_\_\_\_\_

Contact Title: \_\_\_\_\_

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

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

City/State/Zip: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Will you be in attendance? Yes No On-site Contact: \_\_\_\_\_

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

Total \$ due \_\_\_\_\_

### Payment Information:

Check

Credit Card

Send Invoice (Make checks payable to: **Texas Health Institute**) (30 days net)

Please complete **ALL** appropriate sections of this application and return by email, mail or fax.

**Conference Exhibitor Agreement**

Payment: Under the terms of this agreement, the exhibitor agrees to pay the total of fee with this application or within 30 days of receipt of an invoice. It is understood that failure by the exhibitor to remit balance due by said date shall render this agreement invalid.

Cancellation Policy: Any exhibitor or other participant who cancels all or part of purchased exhibit space prior to July 29, 2019, shall receive a full refund, less a \$100 administrative fee. If cancellation in whole or part is made on or after July 29, 2019 the exhibitor shall be liable to THI, as liquidated damages, for the unpaid balance of the total value of the exhibit or sponsorship cancelled. Cancellation requests must be submitted in writing to the below address.

**We understand this application becomes a contract when signed by us and accepted by THI. We have read and agree to abide by all rules and regulations, as outlined in the application form and the attached exhibitor rules and regulations.**

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(Please print name of individual)

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(Please print title of individual)

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(Authorized Signature)

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(Date)

**Please complete this application and forward it with payment to:**

Texas Health Institute  
Attn: Stephanie Ondrias  
9111 Jollyville Rd. Suite 280  
Austin, Texas 78759

**Questions:** Contact Stephanie Ondrias  
(512) 279-3920 or [sondrias@texashealthinstitute.org](mailto:sondrias@texashealthinstitute.org)

