



## CTP 2018 EXHIBIT SPACE APPLICATION

### 展覽攤位申請表

Company Name/Booth Name 公司/攤位名稱 \_\_\_\_\_

Company Address 公司地址 \_\_\_\_\_

City 城市 \_\_\_\_\_ State/Province 州/省 \_\_\_\_\_

Country 國家 \_\_\_\_\_ Postal/Zip Code 郵編 \_\_\_\_\_

Company Phone 公司 \_\_\_\_\_ Company Website 公司网站 \_\_\_\_\_

Primary Contact Name 聯絡人 \_\_\_\_\_ Title 職務 \_\_\_\_\_

Email 電子郵件地址 \_\_\_\_\_ Phone Number 電話 \_\_\_\_\_

What do you plan to exhibit? 您準備展覽什麼? \_\_\_\_\_

Please list your services/products 請列主要服務/產品 \_\_\_\_\_

#### EXHIBIT DAYS & TIMES 攤展日期及時間

Hilton Foyer & Ballroom: Friday, Aug. 3<sup>rd</sup>, 8:30 am-5 pm

酒店前廳及大廳 Saturday, Aug. 4<sup>th</sup>, 8:30 am-3 pm

Hilton Pedestrian Bridge: Friday, Aug. 3<sup>rd</sup>, 8:30 am-5 pm

酒店天橋 Saturday, Aug. 4<sup>th</sup>, 8:30 am-5 pm

Sunday, Aug. 5<sup>th</sup>, 9 am-3 pm (Victory Hall 舊金山華埠勝利堂 829 Stockton St. San Francisco)

#### BOOTH PREFERENCES & RATE 攤位及費用

1st Choice Booth#首選攤位號: \_\_\_\_\_ Foyer 前廳 (6' table 6 尺桌子) \$500

2nd Choice Booth#次選攤位號: \_\_\_\_\_ Main Ballroom 大廳 (10x10') \$1500

3rd Choice Booth#三選攤位號: \_\_\_\_\_ Pedestrian Bridge 天橋 (10x10') \$1000

#### CANCELLATION POLICY 取消政策

*Cancellation of any payment for booth space or sponsorship must be submitted in writing. Your full payment, minus \$250.00 deposit fee, will be refunded. No refunds due to cancellation will be made after July 1, 2018. All refunds will be processed within one month following the conference, and payments will be refunded based on initial payment form. There will be no refunds or credits on no shows.*

取消展位或贊助費用必須以書面形式提交。您的全額付款，減去\$ 250.00 的存款費用，將被退還。2018年7月1日後將不予退款。所有退款將在會議後的一個月內處理，付款將根據初始付款形式退還。

#### PAYMENT 付款

Approved exhibitors will be invoiced. If paying by check, please send checks payable to Chinese Herb Trade Association of America at 738 Washington St., San Francisco, CA 94108 USA. All payments due within 14 days of date on invoice.

經批准的參展商我們將會開具發票。如用支票付款，支票抬頭請寫：Chinese Herb Trade Association of America 郵寄支票到 738 Washington St., San Francisco, CA 94108 USA。請在發票日期 14 天內付款。

Check (payable to Chinese Herb Trade Association of America) Check #支票號 \_\_\_\_\_

Signature 簽名 \_\_\_\_\_ Date 日期 \_\_\_\_\_

*\*By signing, I am agreeing to the required Payment and Cancellation Policy. \*通过簽署，我同意所需的付款和取消政策。*