

2025 SPONSORSHIP CONTRACT

Company Name: _____ Tabletop #: _____

Company Contact: _____ Title: _____

Mailing Address: _____

City: _____ State (Country): _____ Zip (Postal Code): _____

Phone: _____ Fax: _____

Email: _____ Website: _____

Item: _____

Sponsorship Includes: _____

Cost of Sponsorship: \$ _____

IMPORTANT: YOU WILL BE INVOICED FOR FULL PAYMENT ONCE THIS SPONSORSHIP CONTRACT IS RECEIVED WITH INSTRUCTIONS FOR MAKING YOUR PAYMENT. REFUNDS WILL NOT BE APPLIED.

Credit Card

You will receive detailed instructions and a password along with your invoice via e-mail. Your deposit is due immediately upon receipt of your invoice. Please contact your sales manager for more information.

- OR -

Check

Enclosed is my check made payable to:

Waste360 Healthcare Waste Conference, 24654 Network Place, Chicago, IL, 60673-1246

Insurance (required for international exhibitors) – \$125:

All international exhibitors (defined as non-U.S. and non-Canadian exhibitors) are required to obtain insurance through ExhibitorInsurance.com, the Show's designated insurance provider, and the cost will be added to all international exhibitor contracts. This fee will be waived/refunded to international exhibitors if a valid Certificate of Insurance with the required coverages is provided to and approved by Show Management. U.S. and Canadian exhibitors may purchase the required insurance through their own carriers or through ExhibitorInsurance.com.

Sponsorships for this event are assigned on a first-come, first-served basis. It is understood that exhibitors are responsible for providing WasteExpo with all company logos and banners for use with any sponsorships and are subject to approval by Show Management.

We agree to abide by the above.

Signature: _____ Date: _____

Any questions? Contact:

Companies A-L: Debra Busby, 212-600-3519 • debra.busby@informa.com

Companies M-Z: Juliana Sherwood, 203-767-8672 • juliana.sherwood@informa.com