## **APPLICATION and CONTRACT**

## **Securing Federal Identity 2017**

**June 6, 2017 • Hamilton Crowne Plaza Hotel – Almas Temple, Washington, D.C.**

Please reserve the following exhibit space/sponsorship in the Securing Federal Identity 2016 event to be held June 6, 2017. (Any questions should be directed to Bryan Ichikawa at [bichikawa@smartcardalliance.org](mailto:bichikawa@smartcardalliance.org) or +1-703-582-7862)

**EXHIBIT/SPONSORSHIP RESERVED**

**FOR OFFICE USE**

**EXHIBIT/SPONSORSHIP FEE**

Table Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_ Top 3 Table Choices: #1\_\_\_\_\_\_ #2\_\_\_\_\_\_ #3\_\_\_\_\_\_

Sponsorship: \_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_ = $\_\_\_\_\_\_\_\_\_\_

Total Fee for Exhibit/Sponsorship……… = $\_\_\_\_\_\_\_\_\_\_

**EXHIBITOR INFORMATION**

**The following information will be published in the conference guide**

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

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

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

**CONTACT INFORMATION**

**The following information will NOT be published**

Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Alt. Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

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

**PAYMENT INFORMATION**

Note: Payment is due at the time the contract is executed. Payment may be made by credit card, check, or wire transfer.

MC Visa Amex Discover Card#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Security Code: \_\_\_\_\_\_\_ Expires: \_\_\_\_\_\_\_\_\_\_\_\_\_\_ Charge Amount $: \_\_\_\_\_\_\_\_\_\_\_ Name on Card: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address (if different than above): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

We understand this application becomes a binding contract when accepted by the Smart Card Alliance. We agree to abide by the terms and conditions of the exhibitor agreement, available at www.smartcardalliance.org/terms.

Agreed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Official Company Representative)

Agreed to: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Signature of Smart Card Alliance Representative)

Please Make Checks Payable to: Smart Card Alliance, 191 Clarksville Road, Princeton Junction NJ 08550

Wire Transfers: Bank of America 3745 Quakerbridge Road Mercerville, NJ USA 08619 1- 609-586-8200 Contact: Jared Steubing, jaredsteubing@bankofamerica.com, Checking# 381018973631, Route# 026009593, International SWIFT # BOFAUS3N + 381018973631

**Return This Form to: Bryan Ichikawa at bichikawa@smartcardalliance.org, or Fax to +1 703-476-5303**