The Council for Nail Disorders is pleased to present an exhibit program in conjunction with its 22nd Annual Meeting. The exhibit program will provide the physicians with first-hand information about products and services specific to the area of nail disease and serve as a forum for updating the physician’s knowledge of current technological advances in the field. The CND Annual meeting offers you the opportunity to bring your products to the attention of physicians and specialists from all over the world in the field of nail disease.

The exhibit space will be shared by the membership of the American Contact Dermatitis Society. Together the meetings have average over 300 attendees primarily dermatologists.

Exhibit Information

The exhibit program will be limited to TABLE TOP EXHIBITS. You will be provided with one - 6’ covered table, two (2) chairs, and an identification sign. There is no provision for drain, water, electricity or permanent installations of any kind. Your display must fit on a 6’ table. If you have a large piece of equipment to display you may place it directly behind or in front of your table.

LOCATION
Manchester Grand Hyatt, 1 Market Place, San Diego, CA 92101 USA

Coffee breaks for CND will be served in the exhibit area. (Harbor ABC).

EXHIBIT DATES AND HOURS

Set-Up
Thursday, February 15 6:30am - 8:30am
Display Times
Thursday, February 15 8:30am - 4:00pm
Removal
Thursday, February 15 4:00pm - 5:00pm

CRITERIA FOR ACCEPTANCE
Permission to exhibit may be granted to firms only if their proposed exhibit meets the following criteria:

- The products or services relate specifically to the medical and scientific aspects of the practice of nail disease/care and/or dermatology;
- The product or services to be displayed are safe when used in accordance with the instructions or recommendations of the applicant;
- The product or services are capable of safely performing in accordance with the claims made by the applicant;
- The products or services to be displayed contribute significantly to the educational purposes of the Annual Meeting.

**REVIEW PROCESS**

Applications will be reviewed by the Secretary-Treasurer to determine whether they satisfy the Criteria for Acceptance.

- Each applicant must supply specific information concerning the products or services to be displayed.
- When deemed necessary, additional supporting data may be requested from the applicant.
- Permission to exhibit will in no way constitute an official endorsement of any firm or their products or services.

**ASSIGNMENT OF SPACE**

Space will be assigned on a first-come, first served basis. In order to be considered for first assignment of space, applications must be returned by **January 2, 2018**. No numbers will be assigned. Tables will be labeled with the exhibitor’s company name.

**EXHIBIT FEES**

Exhibit fees are 2,000.00 per table. This fee includes:

- One - 6’ covered table
- Two (2) chairs
- Identification sign
- Listing in the CND program book
- Registration for two representatives with admission to CND Scientific Sessions and breaks.

**TERMS OF PAYMENT**

Table top fees are $2,000.00 per table. Full payment in US funds of $2,000.00 must be submitted with the application for exhibit space. No application will be processed or space assigned until the full payment is received. Space must be fully paid for by **January 2, 2018**. If assigned space is not paid for by January 2, 2018, it may be reassigned or cancelled.

No refunds will be made in the event of cancellation after **January 2, 2018**. The acceptance of payment by the Council for Nail Disorders with an application does not in any way constitute acceptance of the application. If an application is subsequently denied, a full refund of the table top fee will be made promptly.

**REGISTRATION**

Registration forms will be sent to each exhibiting company with their exhibitor confirmation. These forms should be returned **no later than January 2, 2018**. No exhibitor will be admitted to the exhibit area without an exhibitor’s badge and ribbon. Each exhibitor is allowed (2) registrations per table top without charge. Additional representatives may be registered at a fee of $100 each.

**HOTEL INFORMATION**

Manchester Grand Hyatt
1 Market Place
San Diego, CA 92101 USA

**RULES AND REGULATIONS**

For your own protection be sure to read the exhibitor rules and regulations outlined in this Invitation to Exhibit. Also it is important to review these terms and conditions, as well as any general information with your exhibitor representative who will be staffing your exhibit on-site.

**SUBLETTING/SHARING OF SPACE**

No part of any exhibit space assigned to an exhibitor may be reassigned, sublet or shared with any other party by that exhibitor.
INSURANCE
It shall be the responsibility of the Exhibitor to maintain such insurance covering personal injury and/or property dam-
age or loss in such amounts as the Exhibitor shall deem adequate. Neither the CND, its Joint Provider Florida Interna-
tional University Herbert Wertheim College of Medicine, nor the Manchester Grand Hyatt will provide insurance protec-
tion for the Exhibitor.

SECURITY
Security of products and materials is the responsibility of the exhibitors. **Watchman service is not provided.**

SHIPPING
Shipping information will be sent separately.

LIABILITY AND INDEMNIFICATION
The exhibitor will be fully responsible for any claims, liabilities, losses, damages or expenses relating to or arising out
of any property of exhibitor or any other property where such injury, loss or damage is incident to, arises out of, or is
any way connected with exhibitor’s participation in the CND, its officers, directors, agents and employees, Florida In-
ternational University Herbert Wertheim College of Medicine and its agents, servants, and employees, and the Man-
chester Grand Hyatt and its agents, servants, and employees from and against any and all such claims, liabilities, loss-
es, damages and expenses; provided that the foregoing shall not apply to injury, loss or damage caused by or result-
ing from the negligence or willful misconduct of the CND, its officers, directors, agents or employees of the hotel or its
agents, servants or employees.

In case any part of the exhibition hall is destroyed or damaged so as to prevent the CND from permitting an exhibitor
to occupy assigned space during any part or the whole of the exhibition period, or in case occupation of assigned
space during any part or the whole of the exposition period is prevented by strikes, Acts of God, national emergency or
other cause beyond the control of the CND, the exhibitor will be charged for space only for the period the space was
or could have been occupied by exhibitor; and the exhibitor hereby waives any claim against the CND, its directors,
officers, agents, or employees for losses or damages which may arise in consequence of such inability to occupy as-
signed space.

APPROPRIATE MANAGEMENT OF ASSOCIATED COMMERCIAL PROMOTION
This activity is CME certified, therefore, I bring your attention to the following Accreditation Council for Continuing
Medical Education (ACCME) Standards for Commercial Support:

Arrangements for commercial exhibits or advertisements cannot influence planning or interfere with the presentation,
nor can they be a condition of the provision of commercial support for CME activities.

Product-promotion material or product-specific advertisement of any type is prohibited in or during CME activities. The
juxtaposition of editorial and advertising material on the same products or subjects must be avoided. Live (staffed ex-
hibits, presentations) or enduring (printed or electronic advertisements) promotional activities must be kept separate
from CME. For live, face-to-face CME, advertisements and promotional materials cannot be displayed or distributed
in the educational space immediately before, during, or after a CME activity. Commercial interests **may not** engage in
sales or promotional activities while in the space or place of the CME activity.

INTERPRETATION AND APPLICATION OF RULES & REGULATIONS
All matters in question not specifically covered by these rules and regulations are subject to the decision of the CND
through the Board of Trustees.
APPLICATION / CONTRACT
FOR EXHIBIT SPACE
COUNCIL FOR NAIL DISORDERS
22nd Annual Meeting
February 15, 2018
Manchester Grand Hyatt/ 1 Market Place / San Diego, CA 92101 USA

COMPANY NAME ________________________________
ADDRESS ________________________________________
CITY __________________ STATE ____ ZIP CODE ________
COUNTRY __________________ EMAIL __________________
PHONE __________________ FAX ____________________

CONTACT (person to whom contract and meeting information should be sent):
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

PRODUCT DESCRIPTION (250 character limit, includes spaces)
(Use separate sheet if needed)
______________________________________________________________________
______________________________________________________________________
______________________________________________________________________

Table top exhibit
6’ table top exhibit space $2,000 _____
(2 registrations included)
Additional registrations $  100 (each) _____
(please send names on additional sheet)

Open Support Opportunities Cost
General Meeting Support (in addition to exhibit fee)
Platinum Level $25,000 + _____
Gold Level $8,000-24,999 _____
Silver Level $3,000-7,999 _____
Bronze Level $1,000-2,999 _____
Patron $0-999 _____
Other _____

TOTAL $_____

Payment Information:
Check, made payable to: Council for Nail Disorders and mail to:

Council for Nail Disorders
85 High Street
Suite 8
Waldorf, MD 20602
Tel. 386-437-4405
Fax 386 437-4427
APPLICATION / CONTRACT
FOR EXHIBIT SPACE
COUNCIL FOR NAIL DISORDERS
22nd Annual Meeting

Credit Card Payment

THE SUPPORTER WISHES TO PROVIDE COMMERCIAL SUPPORT FOR

__Exhibit Space     __ Support

Please charge to my       _____MasterCard       _____VISA       _____American Express

Name as it appears on your card (please print)

__________________________________________

Card Number

Exp. Date               Signature of Card Holder (REQUIRED)

I understand that if I reserve exhibit space and do not show to claim such space, the exhibit fee is not waived and is due and payable to the Council for Nail Disorders.

We/I agree to pay the total fee of $2,000.00 US dollars plus any additional registration or sponsorship fees by January 2, 2018. We/I agree to abide by all the regulations set forth in the accompanying brochure, which is made part of this contract, and to all conditions under which the exhibit space in the meeting hotel is leased to the Council for Nail Disorders. No refund of any payment will be allowed for voluntary cancellation after January 2, 2018.

In connection with your participation, please sign and return a copy of this agreement to acknowledge that you agree to hold our joint provider, Florida International University Herbert Wertheim College of Medicine, the Council for Nail Disorders and the Manchester Grand Hyatt harmless from any liability, damages, or costs (including reasonable attorneys’ fees) that may arise as a result of your exhibiting at this CME activity. Without limiting the breadth of this hold harmless agreement, you acknowledge that it shall extend to include the loss, damage, or theft of any equipment or materials you bring to the conference site as well as injuries that any of your employees or agents may incur.

Again, thank you for your participation in what will be a successful conference. Please return by email or fax.

I acknowledge and agree to the hold harmless provisions set forth in this letter.

Please signify your acceptance of these guidelines

_____ I acknowledge the Exhibitor/Commerical Support Representative Guidelines as presented above (page 3) and agree that I will abide by those guidelines.

Signature                     Date

Print Name

Council for Nail Disorders
85 High Street, Suite 8
Waldorf, MD 20602
Email: info@nailcouncil.org
Fax: (386) 437-4427