



13575 Heathcote Boulevard  
Suite 160  
Gainesville, VA 20155

703-352-4225  
[www.calea.org](http://www.calea.org)

## EXHIBITOR CONTRACT

Type or Print information as it should appear in the Exhibitors Directory including a description of product or service (may need editing for directory space limitations)

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

Contact Person: \_\_\_\_\_

Street: \_\_\_\_\_

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

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

Description of product or service provided by your organization. This information will be posted on the CALEA app. (please type):

Booth sign to read: \_\_\_\_\_

Booth Administrator: \_\_\_\_\_

Booth Administrator email: \_\_\_\_\_

**(Each company must assign an Administrator for the Conference App. Only administrators can manage the Exhibitor Portal. Access to the portal will be emailed to administrators 2-3 weeks prior to the App release.)**

Exhibit booth fee is \$700. All booths are either a 8x10 or 10x10 and come with a draped table, two chairs, waste basket and sign. Booths are assigned on a first come first serve basis per the received contract and payment, a floor plan will be provided for booth selection approximately one month before the show. CALEA will do it's best to honor special request and separate of similar products or services.

Payment Schedule: The undersigned agrees to pay a nonrefundable deposit of \$200 for each booth with application and agrees to pay the balance of the booth fee by **October 4, 2023**. Any cancellations must be submitted in writing prior to **October 4, 2023**. There are no refunds after **October 11, 2023**.

Payment Amount Submitted: \$\_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date: \_\_\_\_\_

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***"The Gold Standard in Public Safety"***

The undersigned authorizes CALEA to reserve exhibit space at the CALEA Conference for use by the above company.

The undersigned hereby agrees to abide by Hotel/Convention Center rules and to all conditions under which exhibit space is used by CALEA and ensures that all representatives working at the booth are aware of the terms and conditions pertaining to the exhibit and the description of the products and services is accurate.

Exhibitor shall be fully responsible to pay for any and all damages to property owned by the Hotel/Convention Center, its owners or managers which results from any act or omission of Exhibitor. Exhibitor agrees to defend, indemnify and hold harmless the Hotel/Convention Center and each of its respective affiliates and their offices, directors, partners, agents, members, managers and employees from and against any and all demands, claims damages to persons or property, losses and liabilities, including reasonable attorneys' fees (collectively "Claims") arising out of or caused by the Exhibitors or its members', agent's, employees', independent contractors' negligence in connection with the use of Hotel/Convention Center indemnified parties.

Exhibitors' liability shall include all losses, cost, damages or expenses arising from or out of or by reason of any accident or bodily injury or other occurrences to any person or persons, including the Exhibitor, its agents, employees, and business invitees which arise from or out of Exhibitor's occupancy and/or use of the exhibition premises, the Hotel/Convention Center or any part thereof. The Exhibitor understands that the Hotel/Convention Center does not maintain insurance covering the Exhibitor's property and that it is the sole responsibility of the Exhibitor to obtain such insurance.

Authorized representative: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

Exhibit Location:  
Hyatt Regency Bellevue  
900 Bellevue Way NE  
Bellevue, WA 98004

Show Set-up:	Wednesday, November 8	1:00pm – 4:00pm
Show:	Thursday, November 9	8:30am – 4:00pm
	Friday, November 10	8:30am – 12:00pm
Show Breakdown:	Friday, November 10	before 3:00pm

Deadline for Exhibitor Directory is October 4, 2023, please return the completed contract to [wjones@calea.org](mailto:wjones@calea.org).

If paying with check send payment to:

**CALEA**  
**Box 424064**  
**Washington, DC 20042-4064**

Any questions contact Wendi Jones – [wjones@calea.org](mailto:wjones@calea.org) or 703-352-4225, x-134