

EXHIBITOR & SUPPORTER APPLICATION AND AGREEMENT

COMPANY INFORMATION

Applying as:

Company Name (as displayed on printed materials)

Pharmaceutical Company
 Pharmacy
 Medical Device Company
 Other

Description of Company

Activities/Purpose

APPLICATION GUIDELINES & PAYMENT POLICIES

- All supporter applications require 100% payment upon receipt of invoice.
- Companies wishing to cancel or reduce their booth space and/or support opportunities are required to submit a written request by **September 11, 2026**. Official cancellation date will be in effect the date written notification is received.
- Full refunds will be provided for cancellations received on or before September 11. 100% of total fee will be retained for cancellations received on or after September 12.
- Support opportunities are non-exclusive and available on a first-come first-served basis.
- Applications accepted on or after September 12 may incur an additional \$300 processing fee.
- Booth selection will be made in the order applications are received and/or with consideration of 2025 support levels.
- If an application is not accepted, submitter will be notified within 14 business days of original submission date. Any funds paid will be refunded.

EXHIBITS

Please indicate the total number of individual 10' x 10' booths desired (\$6,000 each): _____

Booth #1 size: _____ Booth #2 size: _____ Booth #3 size: _____

SUPPORTER LEVELS *(Details listed in the Prospectus)*

Please select your desired support level (if applicable):

| | |
|---|---|
| <input type="checkbox"/> Elite.....\$200,000 | <input type="checkbox"/> Signature.....\$30,000 |
| <input type="checkbox"/> Prestige.....\$100,000 | <input type="checkbox"/> Select.....\$15,000 |
| <input type="checkbox"/> Premier.....\$75,000 | <input type="checkbox"/> Supporter.....\$8,000 |
| <input type="checkbox"/> Prime.....\$50,000 | |

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BOOTH PREFERENCE

Please indicate preferred booth location in order of priority.

1) Choice

2) Choice

3) Choice

4) Choice

5) Choice

ITEMS TO BE SUPPORTED

See support opportunities in the NACFC Prospectus. Support opportunities are available on a first-come, first-served basis. Some opportunities have limited availability.

1) Item

2) Item

3) Item

4) Item

5) Item

COMPANY CONTACT INFORMATION

Company Name

Contact

Title

Address:

City

State

Postal Code

Country

Email (Direct Only)

Company Website

Phone (Direct Only)

Mobile

Onsite Contact

Email

HAVE QUESTIONS?

Email us at
NACFCExhibits@SPARGOInc.com

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WILL YOU BE USING A THIRD-PARTY MEETINGS MANAGEMENT COMPANY?

Yes No

If yes, please provide third-party contact information and authorization with this application.

ACCEPTANCE

Application is hereby made for non-educational support at NACFC 2026. Please read carefully and check the corresponding boxes to indicate agreement of the following:

- I am an authorized representative of the company named above with full authority to sign and deliver this application. The company listed on this application agrees to comply with the Guidelines and the Exhibitor & Supporter Rules and Regulations applicable to all registered exhibitors and supporters at NACFC 2026.
- I understand that my application will not be considered complete until/unless all sections of this application are filled and 100% payment is received.
- I understand my signature below commits my company to the booth space and/or support opportunities requested in this application. If I wish to reduce my booth commitment or support after this application is submitted, I will refer to the application guidelines and payment policies detailed herein.
- I understand that all correspondence will be with the contact listed on page 2 of this application. I agree that this contact will be responsible for communications to all personnel from the same exhibiting and/or supporting company, and forwarding all materials to agents and/or representatives employed by the company.
- Should this application be accepted, I understand that a confirmation and invoice will be sent by NACFC Exhibits & Support via email, upon which 100% payment is to be remitted.
- I understand that all terms of this application are considered an agreement unless otherwise notified by NACFC Show Management.
- I agree to adhere to the exhibitor and supporter timeline detailed in the Prospectus as appropriate. I understand that failure to adhere to submission deadlines will result in forfeiture of booth space and/or support opportunities.
- The CFF is committed to ensuring that it is free from undue Industry influence and avoiding potential conflicts of interest. I understand that I must abide by the NACFC Exhibitor & Supporter Rules and Regulations.
- I understand that all matters and questions not specifically covered by the guidelines and the Exhibitor & Supporter Rules and Regulations are subject to the decision of the CFF and NACFC.
- Exhibitor agrees to receive electronic correspondence from CFF, SPARGO, Inc. and official event contractors for NACFC 2026 and 2027.

Authorized Signature _____

Date _____

Printed Name _____

Phone _____

Please return this form to:
Sabrina Bracken
Senior Exhibit Sales Account Manager
 Email: NACFCExhibits@SPARGOInc.com