

AED Summit 2012

Convention & CONDEX

Contract for Hospitality Suites

1. HOSPITALITY SUITE SELECTION

Suites are assigned on a first-come, first-served basis. If your top choices are not available, the suite closest to your request will be assigned.

Please indicate your preference in the box below with "1" and a "2" and check either attached 1 bedroom or 2 bedrooms.

Gaylord National Hotel

Preference (Mark 1 or 2)	AED Participation Fee	Hospitality Area	Hotel Rate/Night (Includes Hospitality Area)
	\$5,500	60 sq. ft.	<input type="checkbox"/> \$1,575 (1 bedroom) <input type="checkbox"/> \$1,815 (2 bedrooms)
	\$4,600	850 sq. ft.	<input type="checkbox"/> \$595 (1 bedroom) <input type="checkbox"/> \$854 (2 bedrooms)

A deposit of 50% of the applicable **AED participation fee** must accompany this form. Assignments will not be made without this deposit. All remaining balances are due Oct. 21, 2011.

In addition to the Hospitality Headquarters participation fee, **all participants must register for the convention** separately at a reduced rate. Be on the lookout for registration and housing information at www.aedsummit.com.

Non-AED members will be able to host an AED Hospitality Suite one-time at an additional charge of \$500.

For members participating in both Hospitality Suites and CONDEX, the higher fee of either the Suite AED participation fee or CONDEX booth space rental will apply. You will not be required to pay both fees.

2. COMPANY INFORMATION

Please print legibly or type.

Company Name _____

Address _____

City _____ State _____ Zip _____ Country _____

Phone _____ Fax _____

Suite Contact _____

e-Mail Address _____

On-site contact (if different) _____

Signature _____

Please do not write in this box.

Date Rec'd _____ AED Fee \$ _____

ID # _____ Deposit Rec'd \$ _____

Suite # _____ Balance Due \$ _____

Check # _____

3. PARLOR INFORMATION

Please indicate the dates you would like to occupy your suite parlor (if no dates are indicated, Jan. 18-21 will be used):

Arrival:	Departure
January _____, 2012	January _____, 2012

4. PAYMENT INFORMATION

Attention: Sandy Brassel/Janet Dixon 630-468-5126/630-468-5115

Check enclosed, made payable to:
Associated Equipment Distributors

Visa Mastercard AMEX

Account Number _____

Exp. Date _____

Print Name of Cardholder _____

Cardholder Signature _____

Charge Amount \$ _____

AED Summit 2012 Convention & CONDEX

PARTICIPATION AGREEMENT

This is an agreement between the Associated Equipment Distributors as the first party, hereinafter called AED, and the Party named on the reverse side of this form as the second party, hereinafter called the Participant, for participation in the hospitality suites related to AED's 93rd Summit to be held in National Harbor, January 18-20, 2012.

WITNESSETH: That AED, in consideration of the mutual covenants herein set forth, and the faithful performance thereof by the Participant, hereby grants the Participant the right to use the hospitality headquarters assigned, as indicated on the reverse side of this form during the dates of occupancy mutually agreed to by both parties.

For the purposes of this agreement, the term "Headquarters" shall refer to suites or other spaces used for hospitality suite purposes.

This agreement is made and entered into upon the following terms and conditions, which are mutually agreed by both parties:

FIRST: That the Hotel's Rules and Regulations shall be and are hereby made a part of this agreement.

SECOND: AED shall not be liable for loss or damage to property of the Participants, his agents or employees by theft, fire, accident or other cause. In particular, AED shall not be responsible for any damage to or loss of goods or property including any property remaining in the hospitality headquarters after the Participant vacates the headquarters. Participant shall indemnify and hold harmless AED, its agents and employees from any and all actions, damages, liability and expenses of any kind arising from any action, misconduct, negligence or omission attributable to the Participants, its agents or employees.

THIRD: The Participant hereby covenants and agrees to pay for the right to use said premises the total participation fee stated on the reverse side of this form as invoiced by the AED. A deposit of 50% of the full AED participation fee remitted is due with this agreement. The balance of the participation fee shall be due on Oct. 21, 2011. Failure to make such payment shall render this agreement subject to cancellation and AED may reassign the space at its option. In the event of cancellation, a 50% refund will be made of the participation already paid.
No refunds will be made on cancellations received after Oct. 21, 2011.

FOURTH: In case said premises shall be destroyed by fire or by the elements, or by any other cause, or in case any other circumstances shall prevent the AED from furnishing the said premises for occupancy by said Participant for uses herein specified, then and thereupon this agreement shall terminate the Participants shall, and does, hereby waive claim for damages or compensation, except the return of such pro rata portion of the amount paid for participation fees as may be deemed equitable by AED.

FIFTH: Associated Equipment Distributors will make assignments of space guided, insofar, as practicable by expressed requirements and preferences of Participants, but reserves the right to change headquarters assignments and to assign or reassign Participants according to the best interests of the Annual Meeting as a whole.

SIXTH: Participant hereby represents that Participant has insurance in effect covering loss or damage to hospitality headquarters, materials and property for whatever cause and for injury to persons or property occurring during the Annual Meeting and within the hospitality headquarters, and will keep such insurance in force until the conclusion of the use of the hospitality headquarters and the removal of Participant's property from the hospitality headquarters.

IN WITNESS WHEREOF, the parties have signed these presents on the reverse side of this form. This agreement shall bind the parties hereto, their successors, heirs, executors and administrators.

CANCELLATION POLICY

On or before October 21, 2011	50% refund of participation fee paid
After October 21, 2011	No refund

Associated Equipment Distributors

600 Hunter Drive, Suite 220, Oak Brook IL 60523 | 630-574-0650 or 800-388-0650 | Fax 630-574-0132 | www.aednet.org