



## 2023 National Professional Development Conference Columbus, OH *Embracing Our New Future and Beyond*

### Acceptance of Exhibitor Agreement

**It is mutually agreed by and between 2023 American Sign Language Teachers Association, (ASLTA), and the undersigned that ASLTA shall have no liability whatsoever to an exhibitor, his/her employees or any business activities presented by the exhibitor. In addition, ASLTA shall not be liable for any loss or damage incurred or resulting from any cause to property of the Exhibitor, his/her employees or business. Furthermore, it is understood and agreed that all claims against ASLTA for any such damage, loss or injury are expressly waived by the undersigned. The undersigned shall assume the sole responsibility for any damage, loss or injury as result of providing such exhibit during the 2023 ASLTA conference at the Hilton Columbus Downtown Hotel, Columbus, OH.**

Initials \_\_\_\_\_

**It is also understood and agreed ASLTA shall in no event be liable to the undersigned for any loss of profits, sales, or business opportunities, or any other type of direct or consequential damages to be due from a breach of this contract. It is understood and agreed that the sole liability of ASLTA to Undersigned for any breach of this contract shall be for refunds of all monies paid by the Exhibitor pursuant to this contract as the exclusive remedy.**

Initials \_\_\_\_\_

#### Consent to Agreement:

**As an exhibitor, I agree to comply with the outlined specifications:**

- I completely accept responsibility for keeping the exhibit manned at all times.
- Under my unexpected circumstances that may incur within the scheduled, per contract, I completely understand that the Exhibit Committee of Columbus 2023 – ASLTA Conference will make the necessary decisions pertaining to the acceptance/ rejection of exhibit applications and actual placement of exhibits.
- I agree to fold my exhibit upon the end of the schedule and clean up in my section area.
- I understand the exhibit may allow up to occupancy of two people.

**I have read, understood and agreed to the policies/agreement listed above, including payment for the cost involved.**

Exhibitor's Signature:	Date:
Exhibitor's Print Name:	
Company or Non-Profit organization Name:	



AMERICAN SIGN LANGUAGE  
TEACHERS ASSOCIATION

