

**APPLICATION FOR EXHIBITORS AND DONORS  
FOR THE CASFM CONFERENCE SOCIAL HOURS**

If you wish to reserve a space for an exhibit and/or contribute to the Conference Social Hours, please fill out the form below. Due to space limitations, there will be no refunds after August 2, 2004. Return the form and a check made **payable to CASFM** to:

David Krickbaum  
Olsson Associates  
143 Union Blvd., Suite 700  
Lakewood, CO 80228-1825  
Ph. (720) 962-6072 / Fax (720) 962-6195  
E-mail: [dkrickbaum@oaconsulting.com](mailto:dkrickbaum@oaconsulting.com)

*Please check appropriate spaces – you may select up to 3 booth locations.  
**Booth assignments will be made on a first come basis.***

Booth Choice (\$450 for booths 1 - 11)      1<sup>st</sup> \_\_\_\_\_      2<sup>nd</sup> \_\_\_\_\_      3<sup>rd</sup> \_\_\_\_\_

Booth Choice (\$250 for booths 12 - 17)      1<sup>st</sup> \_\_\_\_\_      2<sup>nd</sup> \_\_\_\_\_      3<sup>rd</sup> \_\_\_\_\_

\_\_\_\_\_ I wish to contribute \$ \_\_\_\_\_ to the Social Hours and be acknowledged at the conference.

**Total Amount Submitted \$** \_\_\_\_\_  
**Name:** \_\_\_\_\_  
**Company Name:** \_\_\_\_\_  
**Company Address:** \_\_\_\_\_  
**Phone/Fax:** \_\_\_\_\_ / \_\_\_\_\_  
**E-Mail:** \_\_\_\_\_

**2004 CASFM EXHIBITOR'S AGREEMENT**

*(Please sign if reserving exhibit space)*

Exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of injury to persons or damage to exhibitor's displays, equipment, to other property brought upon the premises of the Hotel and agrees to indemnify, defend and hold harmless CASFM, the Hotel, and its owners, servants, agents, and employees against all claims or expenses for such losses, including reasonable attorney's fees, arising out of the use of the Hotel premises excluding any liability caused by the negligence of CASFM or the Hotel to its owners, servants, agents, and employees.

The Exhibitor understands that neither CASFM nor the Hotel maintains insurance covering the Exhibitor's property or lost revenue, and it is the sole responsibility the Exhibitor to obtain such insurance.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Authorized Signature                      Date