

Exhibition Guidelines:

- Exhibitors must complete an exhibition request form (below)
- Exhibitor request forms must be submitted at least 2 weeks prior to the exhibit date
- A check for the exhibition space must be made payable to the UC Regents and submitted with the exhibition request form
- Exhibitors are responsible for installation and removal of their display items
- Exhibitors assume all risk of damage or loss of their materials. Inclusion of valuable objects in displays is strongly discouraged. The University is not responsible for display items that are damaged, lost or stolen.
- Exhibitors are responsible for providing all materials for their exhibits.
- The University reserves the sole right to cancel the conference for any reason. In the event the conference is canceled, the sponsoring entities will refund exhibitor’s exhibit fees paid by the exhibitor, limited to the extent of money paid to the University entities. The University will not compensate exhibitors for loss of revenue, profit, or additional expenses.
- The Exhibitor may not represent or imply that exhibiting at the conference constitutes an endorsement of their product by the University.
- No photographs of the exhibit may include the University seal, or the name “University of California”, “UC Irvine”, or other similar notations, without the written permission of the University.

Exhibition Request Form

Name of Organization	Address:
Representative:	Email address:
Phone:	Exhibit date:
Description of Exhibit:	
Exhibit requirements: (Exhibit fee schedule attached) <input type="checkbox"/> Tables _____(number of tables) <input type="checkbox"/> Table cloths <input type="checkbox"/> Canopy <input type="checkbox"/> Computer hook up <input type="checkbox"/> Electrical or phone connections <input type="checkbox"/> Other: _____	
I understand that by submitting this form, I indicate that I have read the UC Irvine Healthcare vendor relations Guide, and will comply with them if the exhibition is approved.	
Authorized Signature:	Title:
Company Name:	Date:
For UC Irvine Use only:	
Total Exhibit Fee:	Date payment received: