

Society for Prevention Research (SPR)
34th Annual Conference
EXHIBITOR APPLICATION
FORM
Exhibitor Space: \$1,250

Applications will be processed on a first-come, first-served basis. Applications will not be processed unless they are completed and signed and full payment is included.

Organization Name: _____

Address: _____

City: _____ State: _____ Zip code: _____

Contact Name: _____

Phone: _____ Fax: _____ Email: _____

CONFERENCE RESPONSIBILITIES:

- Exhibiting organization gets one six-foot table, draped and skirted, two chairs and electrical power in the exhibit area located in the registration area.
- All other equipment must be secured by exhibiting organization through hotel.
- Exhibiting organization may collect leads at their booth.
- Exhibitor information (including all logistical details) will be sent upon receipt of signed contract.

EXHIBITOR RESPONSIBILITIES:

- Assure that your exhibition is adequately staffed for the event though it does not need to be staffed at all times.
- Meetings will be in session throughout each day ranging from 8:00 am – 8:00 pm. See the [schedule at a glance](#).
- Ship materials directly to the Hyatt Regency Washington on Capitol Hill (Handled by FedEx)
400 New Jersey Ave., NW, Washington, DC 20001
- Phone: (202) 347-3547

\$1,250 – Exhibitor Space includes (1) complimentary meeting registration

TERMS OF PAYMENT

Full payment of \$1,250 per exhibit booth must be received by check or credit card for application to be processed.

CREDIT CARD INFORMATION

Credit Card Type: MC VISA

Account #: _____ Expiration Date: _____

Cardholder's Name: _____ Signature: _____

I understand that my company is not confirmed to exhibit until this form is received by SPR via email, mail or fax and I receive a return confirmation. Cancellation deadline is May 4, 2026. An administrative fee of \$250 will be imposed should an exhibitor cancel. No cancellations will be accepted after May 4, 2026, and exhibitor will be responsible for full payment regardless of participation.

Signature: _____ Date: _____