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INFOCOMM 2023 PROXY FORM

This form must be received via email to exhibitsales@avixa.org prior to your scheduled appointment. We encourage you to review the floorplan for availability as close to your scheduled time as possible. If you have questions, please contact the Account Services Team at +1.703.705.9676 or exhibitsales@avixa.org

I will not be able to participate in Priority Space Selection for InfoComm 2023 to be held in Orlando, Florida. I wish to authorize either an

| AVIXA staff member or another re | presentative from my company to select exhibit space on my behalf. Please indicate selection below: |
|---|--|
| ☐ I authorize AVIXA staff to | select my company's exhibit space according to the following instructions. |
| ☐ I authorize the company I | representative listed below to select exhibit space according to the following instructions. |
| Company Name: | |
| Designated Contact: | |
| Title: | |
| | |
| Preferred Booth Location(s) & S | ize: |
| Comments: | |
| company hereby releases AVIXA a will be e-mailed within 24 hours of | the booth assignment selected by AVIXA or by the designated person indicated above. My nd its employees from any liability. Final confirmation of assigned exhibit space & an electronic contract assigned selection date & time. To confirm your company's space assignment AVIXA must receive a 4 hours of the space being held. A 25% deposit on the assigned space is due no later than August 12, |
| Proxy booth assignments are subj | ect to the InfoComm Expositions Rules and Regulations. |
| Signature: | Date: |
| Print Name: | |
| Phone: | Email: |
| | |
| | |

PLEASE SIGN AND RETURN THIS COMPLETED FORM TO EXHIBITSALES@AVIXA.ORG