

2008 Application for Exhibit Space

We, the undersigned, hereby make application for exhibit space for:

ASCCP's Biennial Meeting
March 17 - 21, 2008
Disney's Contemporary Resort
Lake Buena Vista, Florida

The following individuals will represent our Company at ASCCP's Biennial Meeting, March 17-21, 2008 (two (2) Exhibitor Name Badges allowed per 10'x10' booth). This list must be received 20 days prior to the meeting to assure printed name badges.

Four horizontal lines for listing individuals representing the company.

We understand that tabletop exhibit assignments will be made on a first come, first served basis, and only after receipt of payment in the amount of \$2000.00 per exhibitor booth. In the case of cancellation, a refund of \$1900.00 will be possible, only if a written notice is received prior to February 10, 2008. Please make check payable to "ASCCP".

NUMBER OF EXHIBIT BOOTH(S) _____@\$2000 per booth

___ Yes, I will provide ___ LEEP machines and pay \$1500 per booth!

First Booth Choice(s): _____

Second Booth Choice(s): _____

Third Booth Choice(s): _____

Please list any special electrical supply requirements: (additional charges may apply to large load requirements)

Two horizontal lines for listing special electrical supply requirements.

Additional individuals representing our Company @ \$150 each:

Three horizontal lines for listing additional individuals.

Products or services to be displayed:

Three horizontal lines for listing products or services.

Total Amount Enclosed: \$ _____

VIPER Tradeshow Services will be helping us out with shipping, display furniture, drapery and clean-up. They will contact you with more information.

I have read and agree to adhere to the codes and regulations as outlined in the Exhibitor Information and Regulations.

Signature

The following exhibitor information will appear in the program syllabus:

Company Name: _____

Address: _____

City/State/Zip Code: _____

Telephone: (_____) _____ Fax: (_____) _____

Email Address _____

Authorized By: _____ Title _____

Signature: _____ Date _____

Method of Payment: [] Check [] Visa [] MC [] Am Exp Card CVS Code _____

Credit Card Number _____ Expiration Date _____

Name as it appears on credit card _____ Signature: _____

ASCCP Authorization _____ Date: _____

Please mail/fax/email this form along with payment to:
ASCCP - 152 West Washington Street - Hagerstown, MD 21740
Fax Number: (301) 733-5775
Telephone Number: (800) 787-7227 toll-free (301) 733-3640 direct
www.asccp.org - dmclain@asccp.org