

APPLICATION FOR EXHIBIT SPACE
Kentucky Teaching & Learning Conference
March 4-6, 2009 • Kentucky International Convention Center • Louisville, Kentucky

The information provided on this application will be used in the printed conference program.

Company: _____

Exhibit Contact Person: _____

Address: _____

City/State/Zip: _____

Phone: _____ FAX: _____

E-mail: _____

Website: _____

Please list at least four choices of booths from the floor plan. If none of your choices are available, the best available booth will be assigned for you.

_____ Choice # 1

_____ Choice # 2

_____ Choice # 3

_____ Choice # 4

Note:
 You may also apply online at:
tmcshows.com/KTLC/Exhibits

(Note: if the person named above should not be listed in the conference program, please advise.)

Please provide a brief description of products you plan to exhibit (25 word limit – attach a separate sheet if necessary)

Please try to place my booth **NEAR** the following company: _____

Please try to place my booth **AWAY** from the following company: _____

PAYMENT OF BOOTH FEES

Booth fees are due upon receipt of your application. The 50% refund request cut-off date is October 1, 2008.
 Booths are not considered reserved until we've received a signed contract & payment.

_____ booths @ \$700 per booth (in-line booth) \$ _____

_____ booths @ \$800 per booth (corner space). \$ _____

TOTAL BOOTH FEES \$ _____

Mail or fax your payment and application to:
TMC, Exhibit Manager, P.O. Box 13986
Tallahassee, Florida, 32317 or
2655 Capital Cir., NE Ste. 8, Tallahassee, FL 32308
FAX: 904-339-9450
** Checks payable to: KTLC (FEIN: 57-1230641)*

If paying by credit card (MC/VISA only) please complete the following information (credit card orders may be faxed to 904-339-9450)

Card Number _____ Exp. Date _____ 3-Digit Security Code: _____

Name on Card: _____ Billing Address: _____

CONTRACT AGREEMENT

I understand that this application becomes a contract when signed by us and accepted by the Exhibit Manager. Contract will not be accepted without a signature. By signing this contract you are agreeing to the Exhibit Regulations found online at www.tmcshows.com/KTLC.

X _____
 SIGNATURE & TITLE OF EXHIBITOR'S AUTHORIZED REPRESENTATIVE

_____ DATE

X _____
 EXHIBIT MANAGER (Total Meeting Concepts, LLC.)

_____ DATE

Confirmed Booth Number(s) _____

Please call TMC, Exhibit Manager, with questions at 850-385-3595 or email to info@tmcshows.com or FAX to 904-339-9450.

EXHIBIT MANAGER USE ONLY

Amt. Rec'd.: _____ Confirmation Sent: _____ Pmt. Type: _____

Return this application with your payment. You will receive a booth confirmation and payment receipt once your booth has been assigned.