

APPLICATION FOR EXHIBIT SPACE
Kentucky Society for Technology in Education Annual Conference
March 7-9, 2012 • Galt House Hotel • Louisville, Kentucky

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

Company: _____
 Exhibit Contact Person: _____
 Address: _____
 City/State/Zip: _____
 Phone: _____
 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/KYSTE/Exhibits

If the person named at left should not be listed in the program, please provide your program contact person's name here: _____

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 15, 2011.
 Booths are not considered reserved until we have received a signed contract & payment.

_____ booths @ \$750 per booth (in-line booth) \$ _____
 _____ booths @ \$850 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: KYSTE (FEIN 20-8996564)**

A limited number of non-profit booths are available at the discounted rate of \$425. Please contact exhibit management for more information.

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

Card Number _____ Exp. Date _____ 3 or 4-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/KYSTE/Exhibits.

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.