



# APPLICATION & CONTRACT EXHIBITORS

Please type or print all information.

Company Name \_\_\_\_\_  
(as you wish it to appear on identification sign and all published listings)

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Website: <http://www.> \_\_\_\_\_

## Exhibit Space Location Preference

Every effort will be made to accommodate your selection choice. Space, however, will be assigned on a first-come, first-serve basis. Booth space will not be assigned until full payment of exhibit fees has been received.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_

Competitors from whom we desire booth separation: \_\_\_\_\_


## Company Description and Logo

Exhibitors are strongly encouraged to provide a company description of services and/or products for inclusion in the **ASBDC 30TH ANNUAL CONFERENCE PROGRAM**. Description should be no more than 50 words. This description is due to the ASBDC no later than **July 16, 2010**. Company logo in jpeg format should also be supplied. If you have previously exhibited and submitted a description and logo to ASBDC, please contact Ann Maltese at ASBDC, 703-764-9850. This material can be provided back to you for review and approval. Logos should be sent electronically to [Ann@asbdc-us.org](mailto:Ann@asbdc-us.org). Descriptions can be added below or sent directly to Ann.

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### WE THE UNDERSIGNED DO HEREBY AGREE TO THE FOLLOWING:

- 1) Agree to all provisions of the ASBDC Show Rules and Regulations as posted on the ASBDC website.  
[\(Click here to review\)](#)
- 2) Exhibit booth fee includes two (2) full conference registrations, exhibit space rental costs, 2 chairs, a 6' draped table, wastebasket, pipe and drape and standard 7" x 14" identification sign, plus one optional wireless internet connection. The Exhibit Hall is carpeted. Additional carpet (optional), additional internet connections, furnishings, labor, services, shipping and hotel arrangements must be made individually.
- 3) Payment by credit card or check. Checks should be made payable to ASBDC. Payment in full of \$3,500 for exhibit space rental is due with this application.\* Booths will not be assigned until full payment has been received. No exceptions.  
\*NOTE: Exhibiting companies will not be permitted to set up unless the rental fee is paid in full.
- 4) It is not always possible to assign your preferred booth location. We will try to make assignments in the requested area.
- 5) The sign-ups after July 16, 2010 are not guaranteed benefit items that are time sensitive to production schedules, i.e.: banners, signage, on-site program, etc.

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**CANCELLATION OF EXHIBIT SPACE:** All cancellations must be made in writing. Cancellations received by July 16, 2010 will receive all payments rendered with the exception of a \$450 professional handling fee. **There will be no refunds for cancellations after July 16, 2010.**

Authorized Company Representative *(Please Print)*:

Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

All ASBDC correspondence will be sent to the PRIMARY COMPANY CONTACT and copied to the MAIN EXHIBIT BOOTH CONTACT, if they are different individuals.

<b>Primary Company Contact</b>	<i>Attending</i>	<b>Main Exhibit Booth Contact</b>	<i>Check here if same as primary contact.</i>
	<i>Not Attending</i>		<i>Attending</i>
			<i>Not Attending</i>

Name _____	Name _____
Title _____	Title _____
Company _____	Company _____
Address _____	Address _____
City _____ State _____ Zip _____	City _____ State _____ Zip _____
Phone _____ Fax _____	Phone _____ Fax _____
E-mail _____	E-mail _____


**Conference Registration Exhibitor Personnel**

Exhibit space rental includes two (2) full Conference registrations. Please list below. A full list of all personnel must be forwarded to the ASBDC no later than **August 19, 2010**.

**Optional/Additional Registrations:** Exhibitors and sponsors are permitted up to TWO (2) BOOTH ONLY registrations @ \$250 each, per exhibit booth. The BOOTH ONLY registration does not include attendance at general session/meal functions or other conference programs. If attendee will be participating in all conference functions, they should register at the full registration fee of \$595.

**List additional individuals who will be attending the ASBDC Conference below. PLEASE PRINT!** Use a separate sheet of paper if additional space is needed. A full list of all personnel must be forwarded to ASBDC no later than **August 19, 2010**.

<b>NAME</b>	<b>TITLE</b>	<b>TYPE OF REGISTRATION</b>	
#1 _____	_____	Full	Booth Only
E-mail _____	Phone _____		
#2 _____	_____	Full	Booth Only
E-mail _____	Phone _____		
#3 _____	_____	Full	Booth Only
E-mail _____	Phone _____		
#4 _____	_____	Full	Booth Only
E-mail _____	Phone _____		

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#5 \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

#6 \_\_\_\_\_  
 E-mail \_\_\_\_\_ Phone \_\_\_\_\_

Full Booth Only  
 Full Booth Only

**Summary of Fees** (Please check appropriate boxes below):

Booth Rate: \$3,500 \_\_\_\_\_ # of booths Sign-ups by July 16, 2010 \$ \_\_\_\_\_

Optional/additional company representatives: \_\_\_\_\_ @ \$250 each \$ \_\_\_\_\_  
 \_\_\_\_\_ @ \$595 each \$ \_\_\_\_\_

**Additional marketing opportunities**

(Please check your sponsorship or exhibit benefit package before signing up for items listed below):

Pre-conference Registration List – Non-exhibitors @ \$1,500 \$ \_\_\_\_\_

Post-conference Registration List – Non-exhibitors @ \$1,500 \$ \_\_\_\_\_

Tote Bag Insert: Exhibitors @ \$500 – Non-exhibitors @ \$1,000 each \$ \_\_\_\_\_  
 (Size/weight restrictions may apply to avoid additional charges.)

Program Book Advertisement Opportunity: (See “Other Marketing Opportunities”) \$ \_\_\_\_\_

8’ Meter Board Signage in Ballroom Foyer – Patron Sponsors and Exhibitors @ \$750  
 – Non-exhibitors @ \$1,500 \$ \_\_\_\_\_

Other \_\_\_\_\_ \$ \_\_\_\_\_

**TOTAL AMOUNT DUE (by July 16, 2010):** \$ \_\_\_\_\_

**Method of Payment**

Check for \$ \_\_\_\_\_ enclosed.  
 Make check payable to: **ASBDC/Association of Small Business Development Centers.**

Charge \$ \_\_\_\_\_ to my: Visa Mastercard AmExp Discover

Credit Card #: \_\_\_\_\_ Exp. Date \_\_\_\_\_

Name on Card: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

**Return this Agreement to:**

**ASBDC** Phone: 703-764-9850 • Fax: 703-764-1234  
 8990 Burke Lake Road, 2nd Floor e-mail: ann@asbdc-us.org  
 Burke, VA 22015 Website: <http://www.asbdc-us.org>

**FOR OFFICIAL USE ONLY** Do not write in this space

Date Rec'd: \_\_\_\_\_ Assigned Booth #: \_\_\_\_\_