

# Exhibitor Application & Contract

Midwest Education Technology Conference 2010  
St. Charles, MO — February 8-9, 2010

Please read this contract carefully and type or print all information requested.

Confirmation of your booth assignment will be sent to you.

**FAX OR RETURN BY DEC 11, 2009 to: CSD, Attn: Dorothy White, 1460 Craig Road, St. Louis, MO 63146. FAX 314-872-9128**

**PAYMENT MUST BE RECEIVED BY DEC 11, 2009. Attn: Dorothy White**

PLEASE TYPE ALL INFORMATION.

Coordinator Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Nickname (for name tag) \_\_\_\_\_  
Company \_\_\_\_\_  
Position/Title \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Work Phone ( ) \_\_\_\_\_ Fax ( ) \_\_\_\_\_  
Email \_\_\_\_\_ Website \_\_\_\_\_

Booth Operators: (Two reps per booth included in base fee, additional reps are \$50.00 each per day, attach copy of this page if more names are needed.)

Rep #1 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Rep #2 Name: \_\_\_\_\_ Title: \_\_\_\_\_

Rep #3 Name: (\$50.00 additional) \_\_\_\_\_ Title: \_\_\_\_\_

Rep #4 Name: (\$50.00 additional) \_\_\_\_\_ Title: \_\_\_\_\_

Marketing Contact: Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Phone: \_\_\_\_\_

Booth Choice: 1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ (see floor layout on first page)

**Please attach a brief description of 50 words or less about your company/organization to be included in the conference program. This description must be received no later than December 1, 2009 to be included in the program.**

## FEES

- Single booth (10' x 10', 100 sq. ft.) includes lunch for two Tuesday and Wednesday \$615 \$ \_\_\_\_\_
- Double booth (10' x 20', 200 sq. ft.) includes lunch for four Tuesday and Wednesday \$1,055 \$ \_\_\_\_\_
- Each additional person, above the first two exhibitors, are \$50 each per day \$ \_\_\_\_\_
- Coffee Sponsor \$100 \$ \_\_\_\_\_
- Exhibitor Activity \$25.00 \$ \_\_\_\_\_
- Lead Retrieval (equipment rental \$200) \$ \_\_\_\_\_
- Electronic transfer of all conference attendees (zip code order—available before or after conference) \$35 \$ \_\_\_\_\_
- Meet the Exhibitor special event (February 9, 4:30 - 5:30 p.m.) \$ \_\_\_\_\_ **FREE!**

**SUBTOTAL \$ \_\_\_\_\_**

## ONE OR TWO COLOR PROGRAM AD

- Full page 7" w x 10" h (live area), \$350
- Half page 7" w x 4 1/2" h or 3 3/4" w x 10" h, \$210
- Quarter page 3 1/4" w x 4 1/2" h, \$140
- Business card 3 1/2" w x 2" h or 2" w x 3 1/2" h, \$75

## FOUR COLOR PROGRAM AD

- Full page 7" w x 10" h (live area), \$550 \$ \_\_\_\_\_
- Half page 7" w x 4 1/2" h or 3 3/4" w x 10" h \$410 \$ \_\_\_\_\_
- Quarter page 3 1/4" w x 4 1/2" h, \$340 \$ \_\_\_\_\_
- Business card 3 1/2" w x 2" h or 2" w x 3 1/2" h, \$150 \$ \_\_\_\_\_

**PLEASE NOTE, PAYMENT MUST BE MADE BY DECEMBER 11, 2009. TOTAL DUE \$ \_\_\_\_\_**

The undersigned agrees to the following provisions: Space will be assigned by CSD in the order in which applications/contracts are received. Payment must be received by December 11, 2009 to hold booth space. Cancellation of any part of this contract must be made in writing to CSD. If cancellation is received prior to December 11, 2009 the amount of refund will be 75 percent. No refunds will be made after January 22, 2010.

Authorized Signature \_\_\_\_\_

Date \_\_\_\_\_