



SEPTEMBER 16-19, 2012

HERSHEY LODGE

HERSHEY, PA

Exhibit Space Contract

Section I. Exhibitor Contract and Mailing Information

Please type or print clearly

Please print your company name EXACTLY as it should appear in all marketing and promotional materials for this event.

Primary Contact Information:

Company _____

Name _____

Address _____

City _____ State/Prov _____ ZipCode +4 _____

Phone _____ Fax _____

Email _____ Website _____

Show Contact (person on-site or in charge of booth) Same as Above

Name _____

Address _____

City _____ State/Prov _____ ZipCode +4 _____

Phone _____ Fax _____

Email _____

Section II. Booth Selection

Referring to the exhibit hall floor plan, please indicate your 1st, 2nd, and 3rd choices for booth space(s):

1) _____

2) _____

3) _____

Booth space is reserved on a first-come, first-served basis.

* The purchase of two bronze level booths will not be contiguous.

Companies to avoid close proximity: (not guaranteed by show management)

Section III. Virtual Tradeshow

Your company name will appear FOR FREE on our Virtual Tradeshow link on the www.htciaconference.org website. For an additional fee of only \$50, we will add a link to your company's website so attendees can find information about your company.

Please check the box if you wish to participate. **Website** _____

Your Exhibit Space Contract and total amount of booth fees must be received to reserve booth space at this event. Purchase Orders are acceptable, but paperwork will not be processed and booth space will not be reserved until payment is received.

continued on next page

CONFERENCE CONTACT

CAROL HUTCHINGS

PH 916-408-1751

FX 916-408-7543

CAROL@HTCIA.ORG

WWW.HTCIACONFERENCE.ORG



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Exhibitor and Sponsor Information

Year	Platinum	Gold	Silver	Bronze
2012	\$12,000	\$6,000	\$3,000	\$2,000

Section IV. Payment Information

Indicate total payment based on level of participation:

Platinum Level \$ _____

Gold Level \$ _____

Silver Level \$ _____

Bronze Level \$ _____

Non-Profit Organization Booth* (\$300) \$ _____

Virtual Website link to company website (\$50)..... \$ _____

Total \$ _____

Form of Payment: Check MasterCard Visa American Express

Name on card _____

Account number _____

Exp. Date _____

Billing address _____

City _____ State/Prov. _____ Zip Code _____

Signature _____

By my signature I affirm that I am an authorized signer on the above mentioned account and that HTCIA is authorized to charge the card for the amount indicated.

Section V. Contract

My signature on behalf of myself and the company I represent, constitutes agreement to abide by all of the terms, conditions and obligations noted on this form and in the rules and regulations contained as part of the HTCIA International Conference & Training Expo.

I affirm that I have read and understand all of the contract terms and have had the opportunity to review them prior to signing this contract.

Authorized signature on behalf of company represented:

Name: _____ Title: _____ Date: _____

Complete and return this form with complete payment. A signed copy of this Exhibit Space Contract will be returned for your records.

Please remit to:

HTCIA • C/O Carol Hutchings, Conference Planner
3288 Goldstone Drive • Roseville, CA 95747
PH 916.408-1751 • FX 916.408-7543
carol@htcia.org • www.htciaconference.org

CONFERENCE CONTACT

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For Office Use Only

Date _____ Amount Received _____ Copy Returned _____

Check No. _____ Credit Card

Booth Assignments: 1) _____ 2) _____ 3) _____ 4) _____

Conference Planner: _____ **Date:** _____