



SEPTEMBER 20-22, 2010
HYATT REGENCY HOTEL
ATLANTA, GA

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 _____

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 accompanying 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.

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

Section III. Virtual Tradeshow

New This Year! 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 with just a click of a mouse.

Please check the box if you wish to participate.

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. Exhibit Space Contracts will not be accepted after Friday, August 27th, 2010.

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CONFERENCE CONTACT
CAROL HUTCHINGS
916-408-1751
CAROL@HTCIA.ORG



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Exhibitor and Sponsor Information

Year	Platinum*	Gold	Silver	Bronze	Exhibit Only
2010	\$20,000	\$10,000	\$7,500	\$4,000	\$1,500
2011	\$22,000	\$11,000	\$8,250	\$4,500	\$1,800
2010-2011	\$40,000	\$20,000	\$15,000	\$8,000	\$3,000

Section IV. Payment Information

Indicate total payment based on level of participation:

Premium Level (1 year, 2 year) \$ _____
 Gold Level (1 year, 2 year) \$ _____
 Silver Level (1 year, 2 year) \$ _____
 Bronze Level (1 year, 2 year) \$ _____
 Exhibit Only (1 year, 2 year) \$ _____
 Non-Profit Organization Booth* \$ _____
 Virtual Website link to company website (\$50) \$ _____
 Discount for Early Payment , before April 1, 2010 (10%) \$ _____
Total \$ _____

*Contact the Conference Planner for further information.

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: _____

Conference Planner: _____ 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

For Office Use Only

Date _____ Amount Received _____ Copy Returned _____

Check No. _____ CC Auth. No. _____

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

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