



EXHIBIT BOOTH RESERVATION CONTRACT

Company Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ Fax _____

Email _____

	UNTIL 11/1/16	AFTER 11/1/16	QTY	SUBTOTAL
10' X 10' BOOTH RATES				
<input type="checkbox"/> REGULAR PROFIT	\$2,170	\$2,370		
<input type="checkbox"/> CORNER PROFIT	\$2,420	\$2,620		
<input type="checkbox"/> REGULAR NON PROFIT	\$1,650	\$1,850		
<input type="checkbox"/> CORNER NON PROFIT	\$1,900	\$2,100		

PREFERRED BOOTH LOCATION

When possible, space will be assigned according to the exhibitor's request. Preferences for booth location are not guaranteed. Space will be assigned by date application is received. Final space will be determined by APPA.

1ST CHOICE _____ **2ND CHOICE** _____ **3RD CHOICE** _____

List any organizations you **do not wish** to be located near: _____

PAYMENT INFORMATION

VISA MasterCard American Express

Card Number _____

Expiration Date _____ CVV _____

Name on Card _____

Signature _____ Date _____

BOOTH CONTRACTS SHOULD BE RECEIVED BY APPA NO LATER THAN DECEMBER 1, 2016.

FAX OR EMAIL CONTRACT TO
Darlene Webb
Fax: 859.244.8001
Email: APPAExhibits@csg.org