



43rd Annual Training Institute

July 29 - August 1, 2018 ★ Philadelphia, Pennsylvania

EXHIBIT BOOTH RESERVATION CONTRACT

Company Name _____

Contact Person _____ Title _____

Address _____

City _____ State _____

Zip _____ Country _____

Phone _____ Fax _____

Email _____

| | UNTIL 6/1/18 | AFTER 6/1/18 | QTY | SUBTOTAL |
|--|--------------|--------------|-----|----------|
| 8' X 10' BOOTH RATES | | | | |
| <input type="checkbox"/> REGULAR NOT FOR PROFIT | \$1,750 | \$1,950 | | |
| <input type="checkbox"/> CORNER NOT FOR PROFIT | \$2,050 | \$2,250 | | |
| <input type="checkbox"/> REGULAR FOR PROFIT | \$2,395 | \$2,595 | | |
| <input type="checkbox"/> CORNER FOR PROFIT | \$2,695 | \$2,895 | | |
| <input type="checkbox"/> CORPORATE VILLAGE FEE** | \$1,000 | \$1,000 | | |
| <input type="checkbox"/> NON PROFIT TABLE TOP** | \$500 | \$500 | | |

*Corporate Village fee covers premium food and beverage costs and decor.

**Table Top only available to qualifying non profit exhibitors. Contact APPA for details.

+CORPORATE VILLAGE AVAILABLE TO CORPORATE MEMBERS ONLY. To learn about corporate membership, contact APPA.

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 on 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 JUNE 1, 2018**

FAX OR EMAIL CONTRACT TO

John Higgins
Fax: 859.244.8001
Email: APPAExhibits@csg.org