Application/Contract For Exhibit Space

INDIANA SCHOOL BOARDS ASSOCIATION

co-sponsored by Indiana Association of Public School Superintendents

Indianapolis, Indiana -- September 27, 2010

Please Type or Print Legibly

The undersigned hereby applies to the Indiana School Boards Association for exhibit space at the 2010 Fall Conference. Exhibitor agrees to abide by the regulations included with this contract. The signature affixed indicates acceptance of these conditions.

Booth Location Preference List preferred booth number(s) below (see brochure for diagram)

Total number of booths requested _____

_____ 1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice

2010 Exhibit Space Rent: 1st booth = $600.00 2nd booth = $575.00 Each additional booth = $600.00

Pre-Exhibit Mailing Address All correspondence (including confirmation) should be sent to:

Contact Person _____ Telephone (____) _____
Company _____ Fax (___) _____
Address _____ Email _____
City/State/Zip _____

Program Booklet Information List information for the 2010 conference program. **Print or Type!**

Company _____ Telephone (____) _____
Address _____ Fax (____) _____
City/State/Zip _____ Email _____
Representative _____ Website _____
Products/Services (10 words or less) _____
_____
_____

Exhibitor has read and understands that all regulations, contract terms, and booth specifications are a part of this contract. This contract is accepted and submitted on behalf of the Exhibitor by:

Signature _____ Date _____
Title _____

Submit completed original contract and payment to:
ISBA ■ One N. Capitol Avenue, Suite 1215,
Indianapolis, IN 46204-2225 ■ (317) 639-0330 ext. 102
fax: (317) 639-3591 ■ bmcdaniel@isba-ind.org
Deduct $50.00 if an ISBA 2010 Service Member (see listing included with this mailing)

Applications may be faxed to ISBA, but to be valid the original contract must be received within 30 days accompanied with complete payment. Space will be released after 30 days -– no exceptions.

FOR ISBA USE ONLY

Date received _____ ***Booth number(s)*** _____

Payment received $_____ ***Approval date*** _____

Check number _____