

AHECTA CONTRACT / APPLICATION FOR EXHIBIT SPACE

THE ASSOCIATION OF HIGHER EDUCATION CAMPUS TELEVISION ADMINISTRATORS

2010 Annual Conference • June 16 - 18, 2010 • Marquette Hilton

Booth fee includes: 8' x 10' Single Exhibit booth or 8' x 20' Double Exhibit Booth with pipe and drape, one 6' draped table, two chairs, and a wastebasket per booth. Purchase of Single Exhibit booth includes one full conference registration for one person. Purchase of double booth includes full conference registration for two people. (Registration includes conference sessions, all meals and refreshment breaks from Wednesday - all day educational program & evening opening event - through the closing event on Friday night.)

EXHIBITOR CONTACT INFORMATION *(Person to whom AHECTA should contact regarding this application and for future mailings)*

Company Name _____

Contact Name _____

Title _____

Mailing Address _____

City, State & Zip _____

Phone _____

Fax _____

Email _____

Registrant's Name _____

PROGRAM BOOK LISTING AND BOOTH SIGN INFORMATION:

Company Name _____

Mailing Address _____

City, State & Zip _____

Phone _____

Website _____

Description of Products/Service *(30 words or less)* _____

Do you want to be near a competitor? Yes No Competitor's Name(s) _____

The undersigned is an officer, agent, or representative of the exhibitor authorized to enter into this agreement.

Signature _____

Date _____

BOOTH FEE

Single Booth

Double Booth

AHECTA CORPORATE MEMBER

\$1,250

AHECTA CORPORATE MEMBER

\$1,850

NON-MEMBER *(includes 2009 AHECTA Membership)*

\$1,925

NON-MEMBER *(includes 2009 AHECTA Membership)*

\$2,525

The total exhibit fee must be returned with this application. A written cancellation received on or before May 15, 2010 will receive a full refund less a \$25.00 administrative fee. There will be no cancellations after May 15th.

PAYMENT METHOD

Check made payable to AHECTA in the amount of \$ _____ (AHECTA Tax ID #04-3341188)

Credit Card * amount to be charged \$ _____ Visa MasterCard American Express Discover

* Please note that credit card payments to AHECTA will appear as a purchase from D. Lawrence Planners, LLC on your credit card statement.

Credit Card No.: _____

Exp. Date _____

Name on Credit Card _____

Signature _____

Credit Card Billing Address *(if not the same as above)* _____

PLEASE SEND THE COMPLETED APPLICATION, CHECK OR CREDIT CARD INFORMATION TO:

AHECTA Exhibits c/o D. Lawrence Planners, LLC, 1125 Atlantic Ave., Ste. 634, Atlantic City, NJ 08401

Phone: 609-344-1333 • Fax: 609-348-4433 • Email: ahecta@dlplan.com

Please retain a copy for your records.