



Complete Company Name (As It Will Appear in Final Program) \_\_\_\_\_

Address \_\_\_\_\_

City / State (Province) / Zip (Postal Code) \_\_\_\_\_

Web Address \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

Booth Coordinator (If Different from Contact Person) \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_ Email \_\_\_\_\_

### TO RESERVE YOUR SPACE

Return your signed contract with payment to: **ASCE, Attn: Sean Scully, P.O. Box 79668, Baltimore, MD 21279-0668, USA.** Phone: 703-295-6154, Fax: 703-295-6276.

### PAYMENT POLICY

Contracts must be accompanied by partially refundable deposit equal to 50% of the total rent for each booth requested. The balance is due MARCH 15<sup>th</sup>, 2009. Applications received after MARCH 15<sup>th</sup>, 2009 must be accompanied by full payment.

### PAYMENT INFORMATION

Number of Booths at US \$1,750 each \_\_\_\_\_ Total amount \_\_\_\_\_

Credit Card Number \_\_\_\_\_ Exp. Date: \_\_\_\_ / \_\_\_\_\_

Cardholder's Name \_\_\_\_\_

Authorized Signature \_\_\_\_\_

### SEE RULES AND REGULATIONS ON NEXT PAGE.

I agree to the terms and conditions of this Contract.

Signature (required) \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

It is understood that this document will become a binding Contract upon acceptance by ASCE, and incorporated into this Contract are the terms, conditions, rules, and regulations contained herein. Please retain a copy of this Contract for your records. The Application will be returned, if it is not properly signed. Space will not be assigned until the Contract is executed properly and/or the appropriate payment is received. The signer agrees to accept the space assigned and can reject it within 10 days.

All rates and fees are quoted in US dollars.

