



EXHIBIT SPACE APPLICATION – CONTRACT

American Society of Civil Engineers

PORTS™ 2010 BUILDING ON THE PAST, RESPECTING THE FUTURE

Hyatt Regency Jacksonville Riverfront ♦ Jacksonville, FL ♦ April 25-28, 2010

Return signed contract along with payment to: Cathy Elbo, c/o ASCE
 P.O. Box 79668, Baltimore, MD 21279-0668 • Tel: (703) 295-6300 • Fax: (703) 295-6329

Make checks payable (in U.S. \$\$) to ASCE Ports™ 2010 Exhibits. Are you a first-time exhibitor? YES No

PLEASE PRINT CLEARLY

COMPANY _____

Contact Name _____ Contact Job Title _____

Street Address _____ P.O. Box _____

City _____ State _____ Country _____ Zip _____

Phone _____ Fax _____ 800# _____

E-mail _____ Web site _____

P.R. Contact/Firm _____ P.R. Contact Phone _____

EXPOSITION FEE PAYMENT SCHEDULE

Standard Booth Rate: **\$2,150 - 8' x 10'** ■ Premium Booth Rate **\$2,400 - 8' x 10'**

Initial 50% of the total Exhibit fee due with this contract. ■ Final 50%, Exhibit fee, due no later than **February 4, 2010**

Contracts executed after **February 4, 2010** require 100% of the total Exhibit Fee

Payment: Payment may be remitted by check, money order, wire transfer, or credit card. Check Enclosed

Visa MC AMEX Discover Total Cost \$ _____ Deposit Amt. \$ _____

Card Number _____ Exp. Date _____

Authorized Signature _____ Cardholder's Name (print) _____

Space Requirements: Booth Size _____ x _____

Booth Selection: 1. _____ 2. _____ 3. _____ 4. _____

Please assign near, if possible: _____

DO NOT assign near, if possible: _____

Product Description: (25 words or less). Print exactly as it should appear in the final program or e-mail description to celbo@asce.org by Thursday, February 4, 2010.

Authorized Exhibitor Signature _____ Date _____

Accepted by Exhibit Management _____ Date _____

FOR SHOW OFFICE USE ONLY

Date Received _____
 Booth # _____
 Dimension _____ X _____
 Number of Years _____

Total Square Feet _____
 Cost of Booth \$ _____
 Deposit Paid \$ _____
 Balance Due \$ _____
 Company ID: _____

Amount Paid \$ _____
 Amount Retained \$ _____
 Refund Due \$ _____
 Cancellation Date _____