PACE 43rd Annual Education Conference



Exhibiting Date: October 20, 2012 (Oakland Marriott Oakland, CA)

Questions or comments? Call 1(800) 924-2460

Exhibitor Info	ormation						
Name		Phone E-mail Website		FAX			
Title							
Company Name (As you want it to appear on			Number of Years in business			
Address			Personnel Badge #1		Personnel Badge #2		
City State Zip Code			Type of Product or Service				
Are you a PACE	Member? Yes	No Sign me up!	Join PACE today for advantage of future conference exhibito	PACE events at	member price		
Business References (2)				Bank Re	Bank Reference		
Name		Name		Name	Name		
Address		Address	Address	Address			
City	State Zip Code	City	State Zip Code	City		State	Zip Code
Phone	Account Number	Phone	Account Number	Phone		Account	Number
1. Tabletop Pricing for one	day. Each table ordered includ	les one luncheon ticket	4. Inserts Set of 500 flyers	(8.5" x 11") inse	erted into atte	ndee pack	ets
x \$350 (Members) / \$450 (Non-members) =					# OF SETS	x \$400	=
2. Are you attending the Saturday luncheon? Yes No			5. Sponsorship Please refer to S	ponsor form fo			=
3. Additional lund	# OF TICKETS	Total Amount Du (Include \$150 mer	_	applicable)		=	
Payment Information *A 5% convienence charge will be added to credit card purchases			I verify that the facts contained in this Exhibitor Application Form are true and correct to the best of my knowledge. I authorize the release and investigation of all statements contained herein				
Check (Please make checks payable to PACE) Credit Card Visa Mastercard AMEX			I authorize the relea and the references li concerning my credi have, final or otherw damage that may re	isted above to p it statues and an vise, and release	rovide PACE and some comment in all parties from	ny and all ii formation t m any liabi	nformation hey may
			I hereby agree to the				
Credit Card Num	ber I	Expiration Date	. •				
Name on Credit Card			Signature		Date		
Billing Address		_	Print Name				
City	State	Zip Code	OI	FFICE USE ONLY	Date Receive		Initials