

PACE 41st Annual Education Conference

Exhibiting Dates: **October 22-23, 2010**



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

Exhibitor Information

Name _____
 Title _____
 Company Name (As you want it to appear on materials) _____
 Address _____
 City _____ State _____ Zip Code _____

Phone _____ FAX _____
 E-mail _____
 Website _____ Number of Years in business _____
 Personnel Badge #1 _____ Personnel Badge #2 _____
 Type of Product or Service _____

Are you a PACE Member? Yes No Sign me up!

Join PACE today for a reduced rate of \$150 (\$200 standard rate) and take advantage of future PACE events at member prices. Offer only available to conference exhibitors, and first-time members.

Business References (2)

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Account Number _____

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Account Number _____

Bank Reference

Name _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____ Account Number _____

Features

1. Tabletop

Pricing for two-days. Each table ordered includes one luncheon ticket

_____ x \$500 (Members)/ \$600 (Non-members) = _____
 # OF TABLETOPS

2. Are you attending the Saturday luncheon? Yes No

3. Additional luncheon tickets _____ x \$40 = _____
 # OF TICKETS

4. Inserts

Set of 600 flyers (8.5" x 11") inserted into attendee packets

_____ x \$550 = _____
 # OF SETS

5. Sponsorship

Please refer to Sponsor form for rates

= _____

Total Amount Due

(Include \$150 membership fee if applicable)

= _____

Payment Information

- Check** (Please make checks payable to PACE)
 Credit Card Visa Mastercard AMEX

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip Code _____

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 and the references listed above to provide PACE any and all information concerning my credit statues and any comment information they may have, final or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you

I hereby agree to the terms and conditions of this contract.

Signature _____ Date _____

Print Name _____

OFFICE USE ONLY	Date Received _____	Initials _____
	Date Confirmed _____	Initials _____