## PACE 42nd Annual Education Conference

Exhibiting Date: October 15, 2011 (Crown Plaza Anaheim, CA)



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

## **Exhibitor Information**

City

	nation									
Name       Title       Company Name ( As you want it to appear on materials)       Address       City     State				Phone			FAX			
				E-mail						
				Website Personnel Badge #1			Number of Years in business Personnel Badge #2			
										Type of Product or Service
				Are you a PACE M	ember?	⊖Yes (	No C Sign me up!	advanta	CE today for a r age of future P <i>I</i> nce exhibitors,	ACE events at
Business References (2)					Bank Reference					
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City	State	Zip Code	City	State	Zip Code	City		State	Zip Code	
Phone	Account	t Number	Phone	Account	t Number	Phone		Account	t Number	
Features										
<b>1. Tabletop</b> Pricing for one day	/. Each table	ordered incluc	des one luncheon ticket	<b>4. Inse</b> i Set o	<b>rts</b> of 500 flyers (8.	5" x 11") inse	erted into att	endee pack	iets	
x \$350 (Members)/ \$450 (Non-members) =							# OF SET	x \$400	=	
2. Are you attending the Saturday luncheon?					<b>5. Sponsorship</b> = Please refer to Sponsor form for rates					
<b>3. Additional luncheon tickets</b> x \$40 =					Total Amount Due=(Include \$150 membership fee if applicable)					
Payment Information					I verify that the facts contained in this Exhibitor Application Form are true and correct to the best of my knowledge.					
<ul> <li>Check (Please make checks payable to PACE)</li> <li>Credit Card OVisa OMastercard OAMEX</li> </ul>				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						
Tredit Card Number Expiration Date				l hereby	y agree to the to	erms and cond	ditions of this	s contract.		
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Billing Address					Print Name					

## OFFICE USE ONLY Date Received \_\_\_\_\_ Initials \_\_\_\_\_ Date Confirmed \_\_\_\_\_ Initials \_\_\_\_\_

Please return application to: PACE 300 Montgomery Ste 200 San Francisco, CA 94104 E-mail info@pacenet.org FAX (415) 397-7223

Zip Code

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