

26-29 April 2010

Salt Palace Convention Center • Salt Lake City, Utah

PLEASE PRINT OR TYPE

Organization Name: (as it should be listed on all printed materials) _____

Exhibit Manager: (person to receive exhibitor kit and all correspondence) _____

Mailing Address: _____ City: _____ State: _____ Zip: _____

Phone: () _____ Fax: () _____ Email: _____

Exhibitor Description: Please e-mail a 150-word or less description of your product/services and an organization logo (.gif format) for marketing use on the conference website and in the proceedings to: sstcexhibits@ext.usu.edu. Please list URL website link you would like posted on the SSTC website exhibitor listings: _____

REGISTRATION OPTIONS

# of Booth Spaces:	Cost	Total
___ Booth 10' x 10' (received by 26 February 2010)	\$1795 each	\$ _____
___ Booth 10' x 10' (received after 26 February 2010)	\$1995 each	\$ _____

ADDITIONAL OPTIONS:

- Technopoly Participation \$375 \$ _____
(Buy your spot on the Conference-sponsored game piece. Limited to 25 organizations.)
- SSTC 2010 Participant list \$200 \$ _____
(Preregistered list sent via e-mail to exhibit manager on 29 March 2010. Complete list mailed after conference.)

Total Enclosed \$ _____

PLEASE LIST BOOTH SPACE PREFERENCES:

1st Choice: # _____

2nd Choice: # _____

3rd Choice: # _____

List any exhibitor you DO wish to be near: _____

List any exhibitor you DO NOT wish to be near: _____

Which is more important to your booth location?

- Booth choices listed above Proximity to exhibitors listed above

Show Management will attempt to fulfill all requests. If your first three selections are full, we will contact you to make new selections

AMG 7009	FOR OFFICE USE ONLY
Batch Date _____	Initials _____
Participant No. _____	Date Pmt. Rec'd _____
Order No. _____	Check <input type="checkbox"/> Business # _____
Confirmation Sent _____	<input type="checkbox"/> Personal # _____
Inv No. _____	<input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> MC
Cancel Date _____	<input type="checkbox"/> Dis <input type="checkbox"/> Dnr <input type="checkbox"/> AMEX
CR Refunded _____	Total Amt. Rec'd _____
Booth(s) Assigned _____	Date _____ By _____
	Date/Time Received _____

AGREEMENT

I am authorized to sign this agreement and agree to abide by the conditions, rules, and regulations of the show as published in this brochure, on the Web site, and in the exhibitor kit.

 Authorized Representative Signature Date Signed

 Authorized Representative (please type or print)

 Telephone E-mail

METHOD OF PAYMENT

(payment in full is required to hold space)

- Check payable to Utah State University
- Credit card: VISA MasterCard Discover
- AMEX Diners Club

Name as it appears on card _____

Card Number _____

Exp. date _____

Authorized signature _____

Phone number _____



REGISTER ONLINE AT WWW.SSTC-ONLINE.ORG
or mail or fax completed form to:

mail SSTC 2010 Trade Show | 5005 Old Main Hill | Logan, UT | 84322-5005
 fax 435-797-7490