

HarrisMartin Conferences 2010

Exhibitor/Sponsorship Application Form

Company: _____

Contact Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Fax: _____

E-Mail: _____

Date: _____ Signature: _____

Exhibitor/Sponsor Personnel Names For Badges:

1. _____

2. _____

Further Correspondence Regarding This Application Should Be Directed To:

Name: _____

E-Mail Address: _____

IMPORTANT! To Reserve Space, Payment Must Accompany Application.

Check Enclosed Check #: _____ Amount of Payment: _____

Credit Card: Visa MC Amex Discover

Credit Card #: _____ Exp. Date: _____

Signature: (required): _____

MAIL OR FAX COMPLETED APPLICATION TO:

Vicki Gilbreath
E-Mail: vgilbreath@harrismartin.com
HarrisMartin Publishing
900 W. Sproul Road, Ste. 101, Springfield, PA 19064
Fax: 610-647-5164 Toll-Free: 800-496-4319
On the Web at www.harrismartin.com

CONFERENCE NAME, DATE AND LOCATION

Conference/Event Name:

Date(s):

Hotel/City, State:

EXHIBITOR AND SPONSORSHIP RATES

Please check all that apply:

- | | |
|---|--------|
| <input type="checkbox"/> Exhibitor Package: | \$2400 |
| <input type="checkbox"/> Breakfast Sponsorship: | \$2000 |
| <input type="checkbox"/> Coffee Breaks: | \$2500 |
| <input type="checkbox"/> Luncheon Sponsorship: | \$3000 |
| <input type="checkbox"/> Cocktail Reception:* | \$5000 |

*Note: Cocktail Reception Sponsorship also includes your company's sponsorship noted on the formal invitation given to each attendee.

HARRISMARTIN
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