Exhibitor Contract

E. meetings@asor.org

ASOR Annual Meeting The Denver Marriott Tech Center | Denver, Massachusetts November 14-17, 2018



Exhibitor Information	on		
Contact name and title	e:		
Company name:			
Address:			
City, State, ZIP, Counti	^y:		
hone: Fax:		Email:	
Agreement Terms: All terms and conditions of ASOR's 2018 Annual Meeting are agreed upon and enforced by my company signature. We agree to pay for the assigned exhibit space in accordance with the "Exhibitor Rules and Regulations" contained in this prospectus. We agree to abide by all provisions set forth in		Exhibit Booth and Sponsorship Packages*	<u> </u>
		Full Table: \$390 each x	tables =
		Self Serve Table: \$300 each x	tables =
	this contract between ASOR and the	Additional Registration: \$195 each x _	=
exhibitor.		Platinum Package (\$3,000)	
Exhibit Space Set-Up: (See the "Exhibitor Information" sheet for more details.) The Full Table Package includes: one 6-foot draped table, two		Gold Package (\$2,000)	
		Silver Package (\$1,250)	
ruil Table Package Include chairs, and a wastebaske	· · · · · · · · · · · · · · · · · · ·	Bronze Package (\$650)	
		Technology Sponsorship Package (\$2,500)	
Phone, Electrical, Shipping Information: No phone, internet, electric, drayage, etc. is included with the Exhibitor fee. Shipping information will be posted to the ASOR exhibitor web pages. Products and Services to be Featured Online and in Annual Meeting Program Book: Please email the following to Arlene Press at meetings@asor.org: company name, URL, E-mail, 50 word company description, and a high-res logo (.JPG or .TIF). Please note that the website listing will not occur until full payment is received. Payment Information: *Receive a 5% discount with a signed contract and 50% payment by May 1, 2018. Please make all checks payable to ASOR. Payment must be received in full by August 15, 2018. Send all applications, payments, and any questions to:		TOTAL:	
		Payment Method:	
		Visa Master Card Discover Americ	an Express Check
		Credit card number CVV #	Exp. Date
		Cardholder's name	
		Address	
		City State	ZIP
Arlene Press Programs and E American Schoo P.O. Box 15729 650 Beacon Stro	ols of Oriental Research (ASOR)	I have read and will adhere to ASOR's "Exhibitor Rules and Regulations."	
Boston, MA 022 Phone: 857-27	215	Authorizing Signature	

Date