

Sponsorship and Exhibit Space Application & Contract

Office Use Only Date Rec'd: _____
 Space Assigned: _____
 Full Payment Rec'd: _____
 Passcode: _____

NOTE This Exhibit Space Application and Contract is available online at: www.sdms.org/meetings/exhibitors

SDMS CBI Member? No Yes If yes, please provide SDMS #: _____

The information in this section will be published.

Company Name _____
 Division/Dept. _____
 Mailing Address _____
 City _____ State/Province _____ ZIP+4/Postal Code _____
 Country _____

Contact Person (All booth information will be sent to contact person)

Name _____
 Title _____
 Phone _____ Email _____
Be sure to provide email address as important exhibitor information will be sent via email.

On-Site Contact Person (This person must be attending the conference)

Name _____
 Title _____
 Company _____
 Cell Phone _____ Email _____

SECTION A: Sponsorship Packages - Please select a sponsorship package AND ONE of the options for that package (If you are not selecting a sponsorship package, but want exhibit space, use Section B on the next page.)

Package #1 - \$10,000
(includes one standard or preferred 10' x 10' booth)

Keynote Speaker Conference Proceedings CD-ROM
 Massage Lounge (2 available) Luggage Tags
 Tote Bags Space Needle Sock Hop Buses
 Badge Holders

Package #2 - \$5,000
(booth space not included)

Pens
 Cyber Café (2 available)
 Thursday Tutorial (7 available)

Package #3 - \$2,500
(booth space not included)

Refreshment Break (7 available)
 Continental Breakfast (4 available)

Exhibit Booth Space Location: Indicate your desired exhibit location as noted on the floor plan.

1st choice: Booth # _____ 2nd choice: Booth # _____ 3rd choice: Booth # _____

Purchase Additional Exhibit Booth Space: Please indicate the number and type of exhibit space.

Type of Exhibit Space	Number of Booths	Price
<input type="checkbox"/> Standard booth(s)	_____ x	@ \$2,225 per 10' x 10' = \$ _____
<input type="checkbox"/> Preferred booth(s)	_____ x	@ \$2,500 per 10' x 10' = \$ _____

I wish to be located near the following (specify company names):

I do NOT wish to be located near the following (specify company names):

SECTION B: Exhibit Space Rental Only
 (Complete this section only if you are not selecting a sponsorship package)

Exhibit Booth Space Location: Indicate your desired exhibit location as noted on the floor plan.

1st choice: Booth # _____ 2nd choice: Booth # _____ 3rd choice: Booth # _____

Please indicate the number and type of exhibit space.

Type of Exhibit Space	Number of Booths	Price
<input type="checkbox"/> Standard booth(s)	_____ x _____	@ \$2,225 per 10' x 10' = \$ _____
<input type="checkbox"/> Preferred booth(s)	_____ x _____	@ \$2,500 per 10' x 10' = \$ _____

I wish to be located near the following (specify company names):

I do NOT wish to be located near the following (specify company names):

SECTION C: Additional Items Available for Purchase (Note: These items are included in all sponsorship packages)

<input type="checkbox"/> Pre-Conference List	\$200	<input type="checkbox"/> Additional ticket(s) for Friday night Awards Dinner	\$50 each	# of tickets: _____
<input type="checkbox"/> Post-Conference List	\$200	(Awards Dinner tickets will be \$75 each if purchased on site!)		
<input type="checkbox"/> Pre and Post-Conference List	\$350	<input type="checkbox"/> Additional ticket(s) for Saturday night Space Needle Sock Hop	\$25 each	# of tickets: _____
<input type="checkbox"/> "Prospect Card" spot	\$200	<input type="checkbox"/> Extra exhibit hall pass for clients	\$25 each	# of tickets: _____

SECTION D: Agreement

A signature on this application indicates understanding and agreement to comply with all policies, rules, regulations and conditions in the SDMS Exhibitor Prospectus and any others issued by SDMS regarding its Annual Conference; acknowledgement of having read the rules and regulations and agreement that the 2012 SDMS Annual Conference rules and regulations are an integral and binding part of this contract. A signature on this application also indicates I have read and understand the SDMS refund policy. I authorize SDMS to reserve exhibit space on our behalf.

Signature of Authorized Representative _____ Date _____ Name of Authorized Representative (Please print or type) _____

SECTION E: Payment

Sponsorship Package	\$ _____	
Additional Exhibit Space for sponsors*	\$ _____	
Exhibit Space for non-sponsors*	\$ _____	
CBI Membership Dues	\$ _____	
CBI Membership Discount	- \$ _____	(less \$100 per 10' x 10' for CBI Members)
Additional Items (lists, prospect card)	\$ _____	Prior to July 11, 2012, 50% deposit on exhibit space rental and sponsorship must accompany application. Balance is due July 11, 2012. On or after July 11, 2012 full payment for sponsorship and exhibit booth space must accompany application.
Total Due	\$ _____	
<input type="checkbox"/> Full Payment OR	\$ _____	
<input type="checkbox"/> Deposit (50% of Total Due)	\$ _____	
Balance Due by July 11	\$ _____	

* \$100 discount on each 10' x 10' booth purchase does not include booths provided with sponsorship.

Payment Method

- Check enclosed for \$ _____ (Payable to SDMS, drawn on US bank and payable in US funds)
 American Express Discover MasterCard Visa

Credit Card # _____ Expiration Date _____

Name on Card _____ Cardholder's Signature _____

Billing address for Credit Card Holder _____

City _____ State/Province/Country _____ ZIP+4/Postal Code _____