



2009 BTAT CONVENTION

NOVEMBER 8 - 9, 2009

Crowne Plaza Riverwalk, San Antonio, TX

PHONE 512.358.1000 • FAX 512.358.1004 • 5508 HWY 290 WEST • STE 208 • AUSTIN, TEXAS • 78735

1. WHO ARE YOU?

Business Name _____

Contact Name _____

Address _____ City _____ State _____ Zip _____

Phone (Bus.) _____ Phone (Cell) _____

Fax _____ Email _____

Website _____

Application is hereby made for exhibit space at the 2009 BTAT Convention for the period November 8-9 under the terms and conditions of this contract.

Please Print Clearly

2. BOOTH SPACE Exhibit space in the Conference is limited. Please indicate your selection.

_____ 1 Standard 6' deep x 8' wide Exhibit area – \$400 (includes skirted table, drape, ID sign and 2 chairs)

List of merchandise and services provided that will be displayed during expo: _____

Please list a 20-30 word description of your company. Description will appear in program and on event website.

Each booth includes two complimentary Conference badges. Please list the name of the badge recipient:

Conference Badge 1 recipient _____ Email _____

Conference Badge 2 recipient _____ Email _____

3. TERMS AND CONDITIONS

1. Full payment is due with this application. Refunds less a \$100 cancellation fee will be given if submitted in writing prior to November 1, 2009 and any cancellations after that time period will result in forfeiture of full booth fee. Booth fee will be returned if application is not accepted.
2. Innovation Event Management and BTAT shall have the exclusive right to interpret the contract rules and regulations and its decision regarding such shall be final.

In making this application, I (we) agree to exhibit under and comply with the rules and regulations included on this contract. This contract shall not be binding unless it is accepted in writing by exhibitor and representative from Innovation Event Management as provided below.

CONTACT PERSON (PLEASE PRINT) _____

TITLE _____

SIGNATURE _____

I hereby authorize BTAT to charge the card below for the cost of booth space.

DATE _____ \$ _____ AMOUNT ENCLOSED

Charge my: Mastercard Discover Visa AMEX

Card Number: _____

Exp. Date: _____

Name: _____

Signature: _____

Date: _____

Please sign and return with remittance to:

Innovation Event Management
5508 Hwy 290 West, Ste. 208
Austin, TX 78735

Ph. 800-775-2774
Fax 512-358-1004

OFFICE USE ONLY

Booth Location Assigned _____

Amount Received \$ _____

Payment _____

Date Received _____

Contract Accepted By: _____

Date _____

METHOD OF PAYMENT