

Exhibiting Firm Information (Please print or type)

* Company _____
 * Mailing Address _____
 * City _____ * State/Province _____ * ZIP/Postal Code _____
 * Country _____
 * URL _____
 * Phone _____ * Fax _____

Contact Information (All INTEX Expo correspondence will be sent to this person.)

Contact _____
 Title _____
 Address _____
 City _____ State/Province _____ ZIP/Postal Code _____
 Phone _____ Fax _____
 E-mail _____

**Please be advised that this information will be printed on the INTEX Expo website and used in the INTEX Expo program. A lot of correspondence is sent via e-mail so please include a valid e-mail address that you check regularly.*

Space Preference (Space assignments are issued on a first-come, first-served basis.)

1. _____ 2. _____
 3. _____ 4. _____

List specific companies (not product lines) you DO NOT wish to exhibit next to.

1. _____ 2. _____
 3. _____

Exhibit Space Indicate below the type/size of space requested.

10' X 10' Member \$2,985 10' X 10' Non-member \$3,985

(Indicate a size larger than a 10' X 10')

10' X _____ \$ _____ Member \$ _____ Non-member

Truck Space 10' X 50' Member \$14,925 Non-member \$19,925

Island Booth

20' X 20' Member \$11,940 Non-member \$15,940

20' X 30' Member \$17,910 Non-member \$23,910

20' X 40' Member \$23,880 Non-member \$31,880

Total Amount Due \$ _____

Total Deposit (if different from total amount due) \$ _____

Payment must be submitted with application to reserve a booth space.

***A \$100 discount applies to contracts received on or before August 16, 2010.**

Method of Payment

Please check: Check (payable to INTEX Expo)
 Visa MasterCard American Express

Credit Card Number _____

Expiration Date _____

Print Name on Card _____

Signature _____

The undersigned understands this application becomes a Binding Contract when accepted by the INTEX Expo. The undersigned agrees to abide by the Terms and Conditions published on the reverse side, those listed in the Exhibitor Service Manual, and the rules and regulations of the selected venue or facility.

Printed Name _____

Title _____

Signature _____

Date _____

INTEX Expo reserves the right to photograph or videotape events for promotional purposes. Your Exhibit Space Contract serves as permission for INTEX Expo to copyright, publish and use your likeness in print, online or in other media. If you do not wish to be photographed or videotaped, please tell the camera operator.

Remit Form and Payment to
INTEX Expo 2011

513 W. Broad St., Suite 210
 Falls Church, VA 22046-3257
 Phone: (703) 538-1600 Fax: (703) 538-1730