

EXHIBIT/SUPPORT REGISTRATION FORM

All registrations and payments must be received by September 9, 2015.

NOTE: Your company information will be used for signage, on-site guide and other promotional materials. All information should be EXACTLY as it should appear on promotional materials.

COMPANY _____

CONTACT NAME _____

COMPANY ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____ WEBSITE _____



REGISTER BY:

Phone: 847-698-1625

Email: info@msts.org

Fax: 847-298-9574

Mail: 9400 W. Higgins Rd., Ste. 500
Rosemont, IL 60018

EXHIBIT SPACE AGREEMENT

LOGISTICS CONTACT NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE _____ FAX _____

EMAIL _____

BOOTH STAFF 1

CONTACT PERSON _____

TITLE _____

CELL _____ EMAIL _____

BOOTH STAFF 2

CONTACT PERSON _____

TITLE _____

CELL _____ EMAIL _____

ADDITIONAL REPRESENTATIVES

Our Company will display the following products:

Exhibit and Advertising space will not be reserved until fees are paid in full in U.S. funds. Completed application and payment must be received by September 9, 2015. This application becomes a binding contract upon issuance of the confirmation and invoice. Cancellations must be received in writing by August 27, 2015 and are subject to a \$200 fee. After August 27, 2015, no refunds on any fees will be made.

SUPPORT OPPORTUNITIES

- PLATINUM Supporter: \$50,000 \$ _____
- GOLD Supporter: \$30,000 \$ _____
- SILVER Supporter: \$15,000 \$ _____

EXHIBIT

- One 10' x 10' booth: \$5,000 \$ _____
(includes registration for two representatives)
- One 10' x 20' booth: \$7,000 \$ _____
(includes registration for two representatives)
- Additional Representatives: \$500 each \$ _____

AD IN FINAL PROGRAM

- Outside back cover: \$5,000* \$ _____
- Inside front or inside back cover: \$3,000* \$ _____
- Inside full page: \$2,000 \$ _____
- Inside half page: \$1,500 \$ _____

TOTAL INVESTMENT

\$ _____

*Available on a first-come, first-serve basis. If cover locations are already reserved, you will be charged for an inside full page.

PAYMENT INFORMATION

- Check enclosed
(U.S. dollars drawn on a U.S. Bank made payable to MSTs.)
- Visa Mastercard Amex Discover

CREDIT CARD# _____

EXP. DATE _____ CCV CODE _____

NAME (AS IT APPEARS ON CARD) _____

CARD BILLING ADDRESS _____

SIGNATURE _____

By signing my name above, I agree to pay according to the credit card issuer agreement.