

APPLICATION FORM AND CONTRACT FOR EXHIBIT SPACE - 2003

Please **PRINT** your company's name, address, telephone, fax and e-mail numbers as you would like them to appear in the Final Program. **NOTE:** The name listed as contact will receive all exhibit follow-up correspondence.

COMPANY NAME: _____

CONTACT NAME: _____ TITLE: _____

ADDRESS: _____

CITY: _____ STATE/PROVINCE: _____

ZIP/POSTAL CODE: _____ EMAIL ADDRESS: _____

PHONE NUMBER: (____) _____ FAX NUMBER (____) _____

ADDITIONAL REPRESENTATIVES: One complimentary staff per booth. * Additional staff @\$500.

Comp NAME: _____ *NAME: _____

*NAME: _____ * NAME: _____

I understand the terms and conditions as outlined in the exhibitor prospectus and agree to comply.

SIGNATURE: _____ DATE: _____

All applications MUST be sent with full payment. Applications are considered incomplete until full payment has been received, and will not be assigned space. Payment must be received by July 11, 2003 to ensure inclusion in final program. Exhibitor assignments are on a first-come, first-served basis. **ISPE must receive written cancellation must be received by July 11, 2003, to receive a refund minus a \$300 administrative fee.**

PAYMENT:

Industry _____ @\$1,500/booths \$ _____

Government/Academia _____ @ \$1,000/booth \$ _____

Additional representatives _____ @ \$ 500/person \$ _____

TOTAL \$ _____ [US Dollars]

PAYMENT BY CHECK [US Dollars]
Make payable to *ISPE*. No phone credit cards or wire transfers accepted.

PAYMENT BY CREDIT CARD [in US Dollars]
Please complete the information below.
CHARGE: VISA MASTERCARD AMERICAN EXPRESS

ACCOUNT NUMBER: _____ EXP. DATE: MONTH ____/YR ____

SIGNATURE: _____

Credit Card Reservations fax to: (301) 656-0989 All others mail to: ISPE, 4350 East West Highway, Suite 401, Bethesda, MD, USA 20814 ATTN: EXHIBITS

Office Use: Total Paid \$ _____ Method of Payment _____ Date Received _____