

# Contract for Exhibit Space

IARE's 17th Annual Conference \* **Exhibition: Monday, May 6, 2002** \* Radisson Hotel Charleston, Charleston, SC U.S.A.

The company listed below agrees to abide by the terms stated in the **IARE Exhibitor Guidelines 2002**.

Please print or type below exactly as it should appear in publication

Name of Exhibiting Company (limited to 30 characters including spaces)

Mail address																													
City, State/Province															Postal code										Country				
Phone (        )															Fax (        )														
Email															Website														

**Send Confirmation & Service Kit to:** (This information will not appear in publication. Be sure to include your email address.)

Contact person															Email														
Mail address																													
City, State/Province															Postal code										Country				
Phone (        )															Fax (        )														

**Exhibit Registration** (check appropriate option and complete all information below):

	Fee (in U.S. \$)	After 2-28-02	TOTAL AMOUNT
<b>IARE Member/Sponsor Exhibit Booth</b> (10' wide x 8' deep)	<b>\$1,200</b>	Add \$200	\$
<b>Non-member Exhibit Booth</b> (10' wide x 8' deep)	<b>\$1,500</b>	Add \$200	\$
<b>Platinum Sponsor Booth</b> (10' wide x 8' deep)	Complimentary if sponsorship is \$3,000 or more		
Our company will display the following products/services ... <b>This information will be included on the Conference program.</b>			
Our direct competitors are:			
<b>Utilities</b> <input type="checkbox"/> Electrical outlet <input type="checkbox"/> Telephone line <input type="checkbox"/> Other (specify) (Reminder: You must order and purchase these items on the forms contained in your Service Kit.)			

**Exhibit Personnel Registration** (please print legibly or type names below)

First name	Last name	Per Person Sun/Mon	Optional Tues/Wed	Sunday Golf	TOTAL AMOUNT DUE
1.		No charge	\$125	\$50	\$
2.		No charge	\$125	\$50	\$
3.		\$90.00	\$125	\$50	\$
4.		\$90.00	\$125	\$50	\$

## PAYMENT

**Exhibit Registration** (from above) \$

**Exhibit Personnel Registration** (from above) \$

(IARE-Tax ID #47-0690031)

**TOTAL AMOUNT DUE** (in U.S. dollars) \$

- Check payable to **IARE**  
 VISA                       MasterCard  
**Contracts will not be accepted without accompanying payment.**

Cardholder (print name) \_\_\_\_\_  
 Card # \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
 Exp. \_\_\_\_\_ Signature \_\_\_\_\_

**Return Contract with payment to: International Association of Reservation Executives**

7853 East Arapahoe Court, #2100 Englewood, Colorado 80112-1361 U.S.A.

(303) 694-4728 \* Fax (303) 694-4869 \* Email iare@assnoffice.com

<b>For IARE Use</b>	Rec'd	Paid \$	Ck#/CC	Auth
Member / Non	Q	Inv	Due \$	Dbase      PCN