



## 2010 ASCA Exhibitor Registration

**Please provide the following information for the Primary Exhibitor Representative:**

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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Additional Representatives/Exhibitors:**

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First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Email Address \_\_\_\_\_ Telephone \_\_\_\_\_

**Exhibitor Registration:**

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\_\_\_\_\_ Primary Exhibitor      **\$500**

\_\_\_\_\_ Additional Exhibitor      **\$200**

\_\_\_\_\_ Additional Exhibitor      **\$200**

**Exhibitor Registration \$** \_\_\_\_\_

**Subtotal**

*-over please-*

**Sponsorship Interest:**

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**I am interested in participating as an ASCA 2010 Conference Sponsor at the following level:**

\_\_\_\_\_Diamond \$2,500

\_\_\_\_\_Silver \$1,000

*\*Sponsorships are processed on a first-come first-served basis*

\_\_\_\_\_Platinum \$2,000

\_\_\_\_\_Bronze \$750

\_\_\_\_\_Gold \$1,500

\_\_\_\_\_Additional Sponsorship Opportunities

**Exhibitor Sponsorship Subtotal** \$ \_\_\_\_\_

*Please note: sponsorship at any level covers the cost of one (1) registration and exhibitor space for one (1) exhibitor. Some sponsorship levels cover costs for two (2) individuals. For detailed information regarding benefits associated with specific sponsorship levels, please consult the Sponsorship Information section of this booklet. If you are not sponsoring, use the cost per individual exhibitor calculations.*

Exhibitor Registration Fee Subtotal \$ \_\_\_\_\_

Exhibitor Sponsorship Fee Subtotal \$ \_\_\_\_\_

**Total Fee** \$ \_\_\_\_\_

**Method of Payment:**

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**Credit Card**

Type \_\_\_\_\_ Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Billing Address (as it appears on credit card statement):

First Name \_\_\_\_\_ MI \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Company Name \_\_\_\_\_

Street Address \_\_\_\_\_

**Check** (payable to ASCA): Check # \_\_\_\_\_

ASCA Federal Employer ID #: 74-2530417

TX Vendor ID #: 300112688820000

For questions about payment, please contact the ASCA Central Office  
979-845-5262 phone; 979-458-1714 FAX

**Mail printed form and check to:**  
**ASCA Central Office**  
**P.O. Box 2237**  
**College Station, TX 77841-2237**