

Exhibit Space Application
 PSRC 63rd Annual Meeting, May 17-20, 2018
 Sheraton ♦ Birmingham, AL

Please complete and submit all sections of this application and either type or print in each section. Sign and return both sides. Checks should be made payable to 500 Cummings Center, Suite 4400, Beverly, MA 01915 or faxed with a credit card number to 978-524-0461. Applications must be accompanied by payment in full. Confirmations will be sent after exhibits are assigned. Email application to industry@ps-rc.org. **Email submissions that include credit card information are strictly forbidden. Please send to secure fax line at 978-524-0461.**

CONTACT INFORMATION:

Contact Person This person will receive all correspondence pertaining to this meeting.

Title

Telephone number _____ **Fax number** _____

Email address

Company Name/ Web Address

Street Address

City/State/Postal Code /Country

Exhibit Space \$2,750
 8' x 30" Tabletop

Lead Retrieval Please see order form in online [exhibitor service kit](#).

Location preferences: (List table numbers)

1st Choice _____ 3rd Choice _____

2nd Choice _____ 4th Choice _____

Applications without appropriate payment will not be processed.

We would like to be near _____

We would not like to be near _____

The PSRC will make every effort to honor your location requests.

PRODUCT DESCRIPTION:
 Please email a 50-word company description to industry@ps-rc.org upon completion of your application to be included in the PSRC mobile application.

When emailing description please include the following:

- ✓ "PSRC" in the subject line of your email
- ✓ Company Name
- ✓ Mailing Address
- ✓ Appropriate contact email address
- ✓ Company website address
- ✓ 50 word COMPANY description.

PAYMENT METHOD:
 Check amount enclosed: \$ _____

CREDIT CARD
 American Express MasterCard Visa

Amount to be charged: \$ _____

Credit Card Number

Expiration Date _____ Security Code (3-4 numbers on front or back of card)

Name as it appears on credit card

Cardholder's Signature

Please check if credit card billing address is same as contact information at the top of the form.
 If billing name & address is not the same, please enter below.
 Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Company Name

Street Address

City, State, Zip

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS SET FORTH IN THE PROSPECTUS AND THIS APPLICATION. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT. CONFIRMATION WILL BE SENT IMMEDIATELY. BOOTH NUMBER WILL BE CONFIRMED IN MARCH.
 2018 CANCELLATION CLAUSE: IF CANCELLATION IS RECEIVED IN WRITING NO LATER THAN JANUARY 22nd A 25% CANCELLATION FEE IS RETAINED BY PSRC. IF CANCELLATION IS RECEIVED IN WRITING AFTER JANUARY 22nd NO REFUND WILL BE ISSUED.

AUTHORIZED SIGNATURE

PRINT NAME

TITLE

If you have any questions please contact us at 978-927-8330 or email us at industry@ps-rc.org

FOR PSRC USE ONLY

Date received: _____ Total Amount due: \$ _____

Amount received: _____ Accepted by: _____

ID #: _____

Space Assignment: _____ Date assigned: _____