

47th Annual ABCT Convention

November 21-24, 2013

Exhibit Contract

In making this application we agree to conform to the Exhibit Regulations for the 2013 ABCT Annual Convention that are hereby made a part of this application. It is mutually agreed that all of said regulations shall be interpreted by the Board of Directors of ABCT, and the parties here to shall be bound by such interpretation.

Participating companies qualify for a **25-word description of their product or services**, which will appear on our website and in the Program Addendum. Descriptions exceeding 25 words will be edited. Please Email to tchilders@abct.org when sending in your contract.

Exhibit Booth Please reserve ____ booth(s) @ **\$1600** per Exhibit Booth:

1st choice: _____ 2nd choice: _____ 3rd choice _____ 4th choice: _____

Packet Insert Please reserve ____ space(s) in the Registrants Packet Distribution @ **\$1300**. Per brochure, coupon or flyer.

Payment Our payment of \$_____ is attached.

Full payment is required with contract and must be received in U.S. currency.
Make checks payable to: ABCT. Thank you.

Company Name: _____

Authorized Signature – Print Name and Title: _____

Signature: _____

Address: _____

Phone: _____ **Fax:** _____ **E-mail** _____

**2 Exhibitor Badges per booth are allowed –
Names must be provided one month prior to the Convention – by October 20th
All Other exhibitor attendees must register and pay the general registration fee.**

RENT A BOOTH OR USE A PACKET INSERT AND YOU QUALIFY FOR A 25% discount on a CONVENTION ATTENDEES MAILING LIST. Please check which format you would prefer. You will receive the mailing list approximately 6 to 8 weeks after the Convention. To qualify for this discount mailing lists must be prepaid. Please enclose your check.

| | | |
|--------------|---------------|----------------|
| _____ eMail | regular \$260 | 25% off \$195 |
| _____ Disk | regular \$285 | 25% off \$215 |
| _____ Labels | regular \$300 | 25% off \$225. |

ABCT USE ONLY:

Date Received _____ Amt. Received _____

Check # _____

Credit Card # _____

Account Holder Name _____

Expiration Date _____

Return this signed application, with payment to:

Tonya Childers, Exhibits Manager, ABCT, 305 Seventh Avenue, New York, NY 10001-6008

Phone: (212) 647-1890 Fax: (212) 647-1865