



# Southwest Regional Conference Exhibit Contract



## The Virginia Association for Supervision and Curriculum Development 2009 SW Regional Conference September 24, 2009—Abingdon, VA

The undersigned makes application for exhibit space at the VASCD SW Conference at the Southwest Higher Education Center in Abingdon VA on **Thursday, September 24, 2009** and hereby agrees to abide by the Exhibit Rules and Regulations which are a part of this contract, and have entered credit card information or enclosed a check payable to VASCD as payment.

### Please print or type information: *(this form must be completed in its entirety)*

1. Company Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (    ) \_\_\_\_\_ Fax (    ) \_\_\_\_\_  
E-Mail (Required) \_\_\_\_\_

2. Representative Name(s): \_\_\_\_\_  
(Please provide name(s) of all representatives from your company that will be at the conference on September 28, 2007.)

3. We will exhibit the following products: (Please use generic terms)  
\_\_\_\_\_

4. Number of booths (please circle):    One            Two  
Cost of booths: \$350    Sponsorships:    \_\_\_ \$1,500  
*(Booths are located in the Hallway outside the classrooms—Setup will be after 4pm on Wednesday, September 23rd)*

**Booth Specifications: (Please do not bring a set-up which will be larger)**  
Pipe and Drape  
8' High Backdrape, 3" high side dividers  
1 Booth Identification Sign  
2 6' draped tables  
2 Chairs, 1 trash can  
Electricity (If Needed)

5. Will you require electricity? **(no additional charge)**            Yes            No  
(please circle)



6. If you need any additional equipment, please note here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please return one copy of this contract, properly executed, with credit card information or a check made payable to Virginia Association of Supervision and Curriculum Development (VASCD), c/o Judy D. Lam, PO Box 169, Gordonsville, VA 22942. Questions? Please contact Judy Lam at: (540) 832-7666, via FAX: (540) 832-7735 or e-mail at [VASCD1@verizon.net](mailto:VASCD1@verizon.net).

**Credit Card Information: Visa/MC AMX**

Card #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Security Code (3 or 4 digit code from back of card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

I hereby certify that the credit card information given below is correct and valid, and that I am the legal authorized Credit Card Holder on this credit card account. I understand that a 10% cancellation fee will be charged if I request a refund by the stated deadline.

\_\_\_\_\_  
Signature of Cardholder

**We're on the web! Visit us at:**  
<http://www.vaascd.org>

After we receive a deposit and signed contract from your company we will endorse your reservation and mail a copy to you for your files. The copy we send to you should be used a confirmation of your booth space.

Exhibits will be open from 7:30 a.m.—4:00 p.m. on **Thursday, September 24, 2009.**

\_\_\_\_\_  
Authorized Signature (Exhibitor)

\_\_\_\_\_  
Judy D. Lam, Administrative Coordinator, VASCD

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date