



The Virginia Association for Supervision and Curriculum Development
2009 Annual Conference
December 3-4, 2009

The undersigned makes application for exhibit space at the VASCD Annual Conference at the Williamsburg Marriott on Thursday, December 3, - 4, 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 December 4-5, 2008.)

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

4. Number of booths (please circle): One Two
Cost of booth: \$350 (Inside Exhibit Hall) Sponsorships: \$1500 \$2,500 \$5,000

(Note: If we receive this contract after all sponsorships have been filled, we will provide a booth, if available, inside the Exhibit Hall and refund the different until Exhibit Hall space is full).

Booth Specifications: (Please do not bring a set-up which will be larger)

- Pipe and Drape
8' High Back drape, 3" high side dividers
1 Booth Identification Sign
2 6' draped tables
2 Chairs, 1 trash can

5. Will you require electricity? (obtain through hotel) Yes No
(please circle)
6. Will you require a phone line? (obtain through hotel) Yes No
(please circle)



7. 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), PO Box 169, Gordonsville, VA 22942. Questions? Please contact Judy Lam at: VASCD1@verizon.net or (540) 832-7666. You may also fax this contract to: (540) 832-7735.

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! Please visit
<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.—6:00 p.m. on **Thursday, December 3, 2009** and from 7:30 a.m.—12:30 p.m. on **Friday, December 4, 2009.**

Authorized Signature (Exhibitor)

Judy D. Lam, Administrative Coordinator, VASCD

Date

Date