

Company Name _____

Contact Person: _____

Mailing Address: _____

City _____ State: _____ Zip _____

E-Mail: _____ Website: _____

Daytime Phone: _____ Cell Phone: _____

Booth Sign Name (this will also appear in promotional materials) **32 Letter Max.**

Description of Booth (ALL Products and Services presented at booth **MUST** be listed here _____

EXHIBITOR SPACE - MARKETPLACE

STANDARD: 6' D x 8' W \$300

Includes: 6' Table w/tablecloth w/2 chairs
Booth Sign; 2 Badges -full access to event

Large CORNER: Addt'l \$75

(One of the four corners of Marketplace)
(First come first serve)

End Corner Unit of Row - Addt'l \$25

Limited to 8

READER'S AREA (no product sales)

READER'S TABLE: \$175

Includes: Small Round Table w/2 chairs
1 Badge (full access to event) **NO PRODUCT SALES ALLOWED IN THIS AREA**

ADDITIONAL ADD-ON'S:

Both must be pre-ordered

Electricity: \$ 20

Lunch \$ 20

Lunch description will be posted on website.

**Sunday
October 4, 2009**

Taunton Holiday Inn
700 Myles Standish Blvd.
Taunton, MA

**Marketplace Hours:
9:00 – 6:00 pm**

**Full details will be sent
out via E-mail once
your application is
approved.**

_____ of Standard Booths \$ _____

_____ Large Corner - \$75 \$ _____
(if applicable)

of End Corner Unit - \$25 \$ _____
(if applicable)

Electricity (if applicable) \$ _____

_____ of Lunch Pkgs: @ \$20 pp \$ _____

_____ of Reader's Tables (\$175) \$ _____

EVENT TOTAL: \$ _____

Full payment is due with Application.

REFUND POLICY: All cancellations must be received in writing by the dates stated below. Exhibitor cancellations received up to or on 06/30/09 are subject to a 40% cancellation fee. Cancellations received on or after 07/01/09 are subject to a 75% cancellation fee. Any written cancellations received after August 30, 2009 are non-refundable. Vendor/Exhibitor Space is non-transferable without prior written approval from Aspire Media, Inc.

Please **enclose a Check** made out to **ASPIRE MEDIA, INC** or **FILL IN THE CREDIT CARD AUTHORIZATION BELOW.**

Upon receipt of this Exhibitor Authorization I authorize Aspire Media, Inc. to process the amount of \$ _____ on the following credit card:

CREDIT CARD # _____ EXP: _____ CODE: _____

NAME ON CREDIT CARD: _____

BILLING ADDRESS: _____

CITY: _____ STATE: _____ ZIP _____

SIGNATURE: _____