



EXHIBIT SPACE APPLICATION

Botany 2000 Conference "New Frontiers in Botany"
Meeting of the following societies: ABLs, AFS, ASPT, BSA, and IAPT
August 6-10, 2000 • Oregon Convention Center • Portland, Oregon

INSTRUCTIONS: Type or print this application. Complete all sections. Make a copy for your records. **Sign and return this application including a payment check made payable to Botany 2000 to:** Botany 2000, c/o Botanical Society of America, 1735 Neil Avenue, Columbus OH 43210.

Applications received prior to June 7, 2000 must include a **\$250 deposit of the total cost**. The balance of space rental charge will become due and payable on June 7, 2000. Applications received after June 7, 2000 must include **full payment**.

Upon assignment of space by Show Management, a booth space confirmation will be mailed to you.

Key Contact Person/Title

This person will serve as your primary exhibitor contact and will receive the Exhibitor Service Kit for this trade show.

Key Contact Phone Number

The company name, address, phone numbers, fax number and e-mail address shown below will be printed in the Exhibit Guide distributed at the Show. Exhibitors are listed alphabetically by company name. **Please indicate under which letter of the alphabet you wish your company name to appear** _____.

FIRM NAME

Firm Name Continued

STREET ADDRESS

CITY/STATE/ZIP

PHONE NO.

TOLL FREE NO.

FAX NO.

E-MAIL ADDRESS

1

EXHIBIT SPACE RENTAL: The exhibit space rental charge is **\$950** per 10' x 10' booth.

CANCELLATION POLICY: No refunds will be made after **June 7, 2000**.

2

LOCATION PREFERENCES: Please indicate the location and configuration of the booth space requested. Applications received without payment will not be processed.

1st Choice: _____ 2nd Choice: _____

3rd Choice: _____ 4th Choice: _____

| | | | | |
|------------------|---|-------------------------|---|--------------|
| NUMBER OF BOOTHS | X | RATE \$950.00 | = | AMOUNT \$ |
|------------------|---|-------------------------|---|--------------|

**On or after 6/7/00
submit application
with Total Amount.**

| |
|--------------------|
| TOTAL AMOUNT \$ |
|--------------------|

3

In the event your booth choices are not available, please indicate which of the following is more important:

Corner location or Proximity to one of your booth choices

4

We do **NOT** want to be next to or across the aisle from:

5

PRODUCT INFORMATION: In **30 words or less**, describe the products/services to be exhibited. We reserve the right to edit copy.

6

METHOD OF PAYMENT:

Check MasterCard Visa

In the amount of \$ _____

CARD NUMBER

EXPIRATION DATE

NAME AS IT APPEARS ON CARD

CARDHOLDER'S ADDRESS

CARDHOLDER'S SIGNATURE

7

WE AGREE TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE EXPOSITION AS PRINTED ON THE REVERSE SIDE HEREOF AND WHICH ARE A PART OF THIS APPLICATION. ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

DATE

AUTHORIZED SIGNATURE

TITLE

QUESTIONS? Corcoran/Conferon Expositions, LLC at 312-541-0567
e-mail: info@corcexpo.com

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