

24th WaterReuse annual symposium

Exhibitor Application and Contract

Exhibitor Information

The contact information listed here will be included in the onsite program book.

Company _____

Company Contact (listed in the program) _____

Title _____

Address _____

City, State/Province, Zip _____

Phone _____ Fax _____

E-Mail _____

Show Contact (for show logistics) _____ Phone _____

E-Mail _____

Complimentary Meeting Registration Designee

Every exhibitor will receive one complimentary meeting registration. If the complimentary meeting registration will be given to someone other than the company contact listed above, please fill in the appropriate information below:

Name _____

Title _____

Company _____

Address _____

City, State/Province, Zip _____

Phone _____ Fax _____

E-Mail _____

Exhibit Hall Only Staff (Limit of 2 Additional Staff)

Exhibit Hall only staff do not receive complimentary tickets to meal functions.

Name _____ E-Mail _____

Name _____ E-Mail _____

Booth Location Request

Space will be reserved on a first-come, first-served basis. Indicate below your first, second, and third choice booth locations.

1) _____ 2) _____ 3) _____

Companies you do not want to be near: _____

Exhibiting Options and Rates

Exhibit Booth Fees

	Before June 15	After June 15
<input type="checkbox"/> Member Rate	\$1,550	\$1,800
<input type="checkbox"/> Nonmember Rate	\$2,050	\$2,300

Memory Scanner Lead Retrieval System

<input type="checkbox"/> Memory Scanner Lead Retrieval System	\$250
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Discount Meal Tickets (Limit of 2 Additional Staff)

Each exhibiting company receives one complimentary meeting registration which includes all meals. Up to two additional exhibiting staff can purchase meal tickets for the Awards Luncheon and President's Reception on Monday. The Sunday night reception is included for all exhibitors as well as breakfast and refreshment breaks on Monday and Tuesday. Please check the appropriate box below for any additional meal tickets your company will need:

<input type="checkbox"/> Monday Awards Luncheon	\$30
<input type="checkbox"/> Monday President's Reception	\$35

Staff Receiving Meal Tickets _____

Staff Receiving Meal Tickets _____

Authorization

We hereby acknowledge that we have received, read, and understood the Exhibitors Terms and Conditions Agreement as well as the WaterReuse Association General Policy and Guidelines for Exhibitors and Sponsors. Furthermore, we understand that these Terms and Conditions are a part of this contract and that by signing this application, we agree to be bound by all the terms contained therein.

Signature _____ Date _____

Payment: Full payment must accompany application

Payment Method

Check VISA MasterCard AMEX

Total Amount to be Charged: \$_____

Credit Card # _____ Expiration Date _____

Cardholder Name _____

Signature _____ Date _____

Please return this form with payment to the WaterReuse Association:
1199 North Fairfax Street, Suite 410
Alexandria, VA 22314

Fax: (703) 548-5085

