

# Exhibitor Application

## 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 \_\_\_\_\_

Address \_\_\_\_\_

City, State/Province, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-Mail \_\_\_\_\_

## Exhibit Hall Only Staff (Limit of 2)

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) \_\_\_\_\_

## Exhibit Booth Fees

	Before June 28	After June 28
<input type="checkbox"/> Member Rate	\$1,700	\$1,950
<input type="checkbox"/> Nonmember Rate	\$2,200	\$2,450

## Memory Scanner Lead Retrieval System

Memory Scanner \$250

## 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 as well as the Gordon Cologne Breakfast on Wednesday. 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:

- Monday's Awards Luncheon Only \$30  
 Monday's President's Reception Only \$35

Staff Receiving Meal Ticket \_\_\_\_\_

Staff Receiving Meal Ticket \_\_\_\_\_

## Payment

Full payment must accompany application.

Check  Visa  MasterCard  American Express

Total Amount to be Charged: \$ \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

Cardholder Name \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

**Please return this form with payment to:**

WaterReuse Association  
1199 North Fairfax Street, Suite 410  
Alexandria, VA 22314  
Fax: (703) 548-5085