

APPLICATION FOR EXHIBIT SPACE
South Carolina EdTech Conference
October 24-26, 2012 • TD Convention Center • Greenville, SC

The information provided on this application will be used in the printed conference program.



Company: _____

Please list at least four choices of booths from the floor plan. If none of your choices are available, the best available booth will be assigned for you.

Exhibit Contact Person: _____

Address: _____

_____ Choice # 1 _____ Choice # 5

City/State/Zip: _____

_____ Choice # 2 _____ Choice # 6

Phone: _____ FAX: _____

_____ Choice # 3 _____ Choice # 7

E-mail: _____

_____ Choice # 4 _____ Choice # 8

Website: _____

Note: if the person named above should not be listed in the conference program, please list program contact here: _____

Please provide a brief description of products you plan to exhibit (25 word limit – attach a separate sheet if necessary)

Please try to place my booth **NEAR** the following company: _____

Please try to place my booth **AWAY** from the following company: _____

PAYMENT OF BOOTH FEES

Booth fees are due upon receipt of your application. The 50% refund request cut-off date is June 1, 2012. Booths are not considered reserved until we've received a signed contract & payment.

_____ booths @ \$675 per booth (in-line booth) \$ _____

_____ booths @ \$775 per booth (corner space). \$ _____

(a limited number of not-for-profit discounted booths available upon request)

TOTAL BOOTH FEES \$ _____

Mail or fax your payment and application to:
TMC, Exhibit Manager, P.O. Box 13986
Tallahassee, Florida, 32317 or
2655 Capital Cir., NE Ste. 8, Tallahassee, FL 32308
FAX: 904-339-9450
** Checks payable to: SCAET/SC EdTech (FEIN: 57-0880541)*

If paying by credit card (MC/VISA/AmEx) please complete the following information (credit card orders may be faxed to 904-339-9450)

Card Number _____ Exp. Date _____ Security Code: _____

Name on Card: _____ Billing Address & Zip: _____

CONTRACT AGREEMENT

I understand that this application becomes a contract when signed by us and accepted by the Exhibit Manager. Contract will not be accepted without a signature. By signing this contract you are agreeing to the Exhibit Regulations found online at www.tmcshows.com/SCEDTECH.

X _____
SIGNATURE & TITLE OF EXHIBITOR'S AUTHORIZED REPRESENTATIVE DATE

X _____
EXHIBIT MANAGER (Total Meeting Concepts, LLC.) DATE

Confirmed Booth Number(s) _____

Please call TMC, Exhibit Manager, with questions at 850-385-3595 or send an email to info@tmcshows.com

EXHIBIT MANAGER USE ONLY

Amt. Rec'd.: _____ Confirmation Sent: _____ Pmt. Type: _____

Return this application with your payment. You will receive a booth confirmation and payment receipt once your booth has been assigned.