



**Exhibit Space Application**  
**Space Coast SMTA Expo & Tech Forum**  
**Melbourne Auditorium**  
 Wednesday, November 20, 2019

**Exhibit space at the Space Cost SMTA Expo & Tech Forum entitles you to:**

- 8ft (deep) x 10ft (wide) partitioned exhibit space • Draped table • Two chairs • Electricity • Attendee list • Directory listing • Company sign • Lunch

*\* Early Registration Rates Expire October 15 2019! \* SMTA Corporate Members receive reduced rates!*

**PAYMENT INFORMATION:**

	<u>SMTA Corporate Members</u>	<u>Non-Corporate Members</u>	<u>Quantity</u>
1 booth before October 15, 2019	<b>\$375</b>	<b>\$450</b>	_____
1 booth after October 15, 2019	<b>\$475</b>	<b>\$550</b>	_____
Booth Electric	<b>\$30</b>	<b>\$30</b>	_____
			\$ _____ <b>TOTAL</b>

I have enclosed a check made payable to the SMTA in the amount above.

Bill my credit card:       Visa/ Mastercard       American Express

Card # \_\_\_\_\_ Expiration Date \_\_\_\_/\_\_\_\_ Security Code \_\_\_\_\_

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Cardholder \_\_\_\_\_ Signature \_\_\_\_\_

**MARKETING OPPORTUNITIES:**

Please contact me for:       **Show Directory Advertisement (\$125-\$200)**       **Coffee/Lunch/Door Prize Sponsorship**

**SHOW INFORMATION:**

Information provided below will be used for the Show Directory; please provide information exactly how you would like it printed.  
 If pre-show information should be sent elsewhere, please provide an alternate shipping address below.

Company Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_ URL \_\_\_\_\_

Show Contact (Please Print) \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Company Competitors to Avoid \_\_\_\_\_

**SHIPPING ADDRESS FOR PRE-SHOW INFORMATION (if different than above):**

Name/Company \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-mail \_\_\_\_\_

**TABLE PERSONNEL:**

Please print badges for:

1. _____	2. _____
3. _____	4. _____
5. _____	6. _____

**PRODUCT DESCRIPTION:**

Please provide a 50-word or less product description to be used in the Show Directory. \*Please note: this information can be included on a separate sheet or e-mailed to [hannah@smta.org](mailto:hannah@smta.org). Booth sharing will be addressed as follows: **One company will get a full company listing. Additional companies will appear in the directory listed by company name and contact information, but no full product description.**

\_\_\_\_\_  
 \_\_\_\_\_  
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**Please return completed application form to: Hannah Terhark, SMTA, 6600 City W. Pkwy. Suite 300, MN 55344**  
 Tel (952) 920-7682 Fax (952) 926-1819 Email: [hannah@smta.org](mailto:hannah@smta.org)

Cancellation Policy: All exhibit space fees are non-refundable