

COMPANY INFORMATION		
Company:		Main Contact:
Address:		
City:	State:	Zip:
Email:	Website:	Phone:

EXHIBITOR COST INCLUDES:			
10' x 10' Partitioned Exhibit Space 6' Draped Table Two Chairs Attendee List Directory Listing Company Sign Lunch Fair and limited market share (limited space and marketing collateral for a single representative is limited to 10%)			
Early Registration Rates Expire October 2, 2020! SMTA Corporate Members receive reduced rates!	SMTA Corporate Members	Non-Corporate Members	TOTAL: \$ _____
One booth before October 2, 2020	<input type="checkbox"/> \$450	<input type="checkbox"/> \$550	
One booth after October 2, 2020	<input type="checkbox"/> \$550	<input type="checkbox"/> \$650	
Booth Electricity	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	

MARKETING/SPONSORSHIP OPPORTUNITIES			
Onsite Event Guide:	<input type="checkbox"/> \$125-\$200	Sponsorships:	<input type="checkbox"/> \$300-\$700

ONSITE EVENT GUIDE INFORMATION			
Please provide information exactly how you would like it printed in the Show Directory			
Company Name:			
Address:		City:	State: Zip:
Phone:	Email:		Website:
Onsite Show Contact:			Title:
Company Competitors to Avoid:			

PRODUCT DESCRIPTION
Please provide a 50-word or less product description for the onsite Event Guide. *Please note: this information can be included on a separate sheet or e-mailed to expos@smta.org (preferred). 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.

SHIPPING ADDRESS FOR PRE-SHOW INFORMATION (if different than above):			
Company Name:			
Address:		City:	State: Zip:
Phone:	Email:		Website:
Show Contact:			Title:
Company Competitors to Avoid:			

SHOW PERSONNEL		
Please print badges for:	1. _____	2. _____
	3. _____	4. _____
	5. _____	6. _____

PAYMENT INFORMATION				
<input type="checkbox"/> Charge Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check Enclosed for Entire Amount (made payable to the SMTA)
Card #:		Exp. Date:		CVV:
Cardholder Name:			Signature:	
Billing Address:				City, State, Zip: