

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

EXHIBITOR COST INCLUDES:			
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 July 20, 2020! SMTA Corporate Members receive reduced rates!	SMTA Corporate Members	Non-Corporate Members	TOTAL: \$ _____
One booth before July 20, 2020	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	
One booth after July 20, 2020	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	
Booth Electricity	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	

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	1.	2.
Please print badges for:	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:	