

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 November 2, 2020! SMTA Corporate Members receive reduced rates!	<b>SMTA Corporate Members</b>	<b>Non-Corporate Members</b>	<b>TOTAL:</b> \$ _____
<b>One booth before November 2, 2020</b>	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	
<b>One booth after November 2, 2020</b>	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	
<b>Booth Electricity</b>	<input type="checkbox"/> \$100	<input type="checkbox"/> \$100	

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

ONSITE EVENT GUIDE INFORMATION			
Please provide information <b>exactly</b> 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. <b>*Please note: this information can be included on a separate sheet or e-mailed to <a href="mailto:expos@smta.org">expos@smta.org</a> (preferred).</b> 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:			

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:	