

APPLICATION/CONTRACT FOR EXHIBIT SPACE

Communication, Navigation, Surveillance/Air Traffic Management (CNS/ATM) 2010 Conference

TO: AFCEA, Lexington-Concord Chapter
c/o Oasis Systems, Attention: Claire Goulet
81 Hartwell Ave
Lexington, MA 02421

Date: _____
Tel: 781-676-7344
Fax: 781-676-7353
Email: cgoulet@oasissystems.com

FROM: (please type or print required information)

Contact Name:	
Title:	
Company:	
Address:	
e-mail:	
Phone:	Fax:

The undersigned hereby applies for exhibit space at the CNS/ATM 2010 Conference and agrees to the terms and conditions set forth in the "Exhibit Regulations and Information." Desired exhibit location is as follows: [Indicate space desired by booth number(s) from "Exhibits Floor Plan"].

1st Choice:

2nd Choice:

3rd Choice:

Products/Services to be Displayed:

Special Requests:

Rate: \$2750 per 10' X 8' booth space. Number of spaces requested _____ x \$2750 = \$ _____
(Each 10' X 8' booth space reserved allows two complimentary attendee registrations for all meetings, morning continental breakfasts, scheduled meeting breaks and socials. Please fill out accompanying Complimentary Exhibitor Personnel Registration form. There will be a 50% cancellation fee if notified by 1 March, and 100% afterwards.)

Payment type must accompany this form.

Make checks payable to AFCEA, Lexington – Concord Chapter

Amount enclosed:

Credit Card: MasterCard Visa
Card Number: _____
Expiration Date: _____
Name on Card: _____

Signature: (Required for either check or Credit Card)

Print Name & Title (if different from above):
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