

PACE 46th Annual Education Conference

October 17, 2015



Questions or comments? Call 1(800) 924-2460

Exhibitor Information

Name _____			Phone _____	FAX _____
Title _____			E-mail _____	
Company Name (As you want it to appear on materials) _____			Website _____	Number of Years in business _____
Address _____			Personnel Badge #1 _____	Personnel Badge #2 _____
City _____	State _____	Zip Code _____	Type of Product or Service _____	

Are you a PACE Member? Yes No Sign me up!

Join PACE today for a reduced rate of \$150 (\$200 standard rate) and take advantage of future PACE events at member prices. Offer only available to conference exhibitors applying as new members.

Business References (2)

Name _____	Name _____
Address _____	Address _____
City _____ State _____ Zip Code _____	City _____ State _____ Zip Code _____
Phone _____ Account Number _____	Phone _____ Account Number _____

Bank Reference

Name _____
Address _____
City _____ State _____ Zip Code _____
Phone _____ Account Number _____

Features

1. Tabletop

Pricing for two days. One luncheon ticket per tabletop included

_____ x \$400 (Members)/ \$650(Non-members) = _____
OF TABLETOPS

2. Are you attending the Friday Luncheon? Yes No

3. Additional luncheon tickets _____ x \$50 = _____
OF TICKETS

4. Inserts

Set of 400 flyers (8.5" x 11") inserted into attendee packets

_____ x \$300 = _____
OF SETS

5. Sponsorship

Please refer to Sponsor form for rates

= _____

Total Amount Due

(Include \$150 membership fee if applicable)

= _____

Payment Information

- Check** (Please make checks payable to PACE)
 Credit Card Visa Mastercard AMEX

Credit Card Number _____ Expiration Date _____

Name on Credit Card _____

Billing Address _____

City _____ State _____ Zip Code _____

I verify that the facts contained in this Exhibitor Application Form are true and correct to the best of my knowledge.

I authorize the release and investigation of all statements contained herein and the references listed above to provide PACE any and all information concerning my credit statuses and any comment information they may have, final or otherwise, and release all parties from any liability for any damage that may result from furnishing same to you

I hereby agree to the terms and conditions of this contract.

Signature _____ Date _____

Print Name _____

OFFICE USE ONLY	Date Received _____	Initials _____
	Date Confirmed _____	Initials _____