

SECURE YOUR EXHIBIT SPACE



Company Name _____

Company Contact _____ Company Contact Title _____

Phone Number _____ Email Address _____

Address _____ City _____ State _____ Zip Code _____

Number of Exhibit Spaces Requested: _____

@ \$1200 per 6' Table Exhibit Space: _____

Total Exhibit Investment: _____

Any Requests For Space Location, etc.: _____

Total Exhibit Fees: _____



- Check Enclosed Check in Process Please charge credit card below for \$ _____
 Visa Mastercard American Express

Cardholder Name _____

Card Number _____

Expiration Date _____ Security Code _____

Billing Address _____

City _____ State _____ Zip Code _____

Terms and Conditions - All exhibit space payments are due 30 days prior to the start of the event in order to participate and receive all benefits and features of exhibiting. Show management reserves the right to deny entry. In the event the exhibitor must cancel this contract, refunds will be allowed up to 30 days prior to the event. Acceptance of these terms and conditions of this application by Council for Adult Education (CCAIE) constitutes a contract. By signing below, exhibitor agrees to abide by these terms and conditions. Exhibit space is assigned on a first-come, first-serve basis, unless otherwise discussed. It is understood that exhibitors are responsible for providing CCAIE with all company logos and advertising material for use with any vendor marketing and are subject to approval by show management.

I have read and agree to the above terms and conditions.

Signature of Company Representative _____

Printed Name _____ Date _____

Signature of CCAE Representative _____ Title of CCAE Representative _____

Printed Name _____ Date _____

Please return the signed contract via email to Cindi Williams, at conference@ccaestate.org.