



APPLICATION FOR EXHIBIT SPACE

ANNUAL CONFERENCE & EXPOSITION

February 11 – 13, 2010 • Phoenix, AZ

Six Easy Steps • Apply Today!

1. MAIL CORRESPONDENCE TO:

_____ Company/Organization Name (as it will appear in printed materials)			_____ Contact Name		
_____ Street Address			_____ Title		
_____ City	_____ State	_____ Zip	_____ Contact Address (if different from above)		
_____ Company Main Telephone #			_____ Contact City	_____ State	_____ Zip
_____ Web Address			_____ Contact Phone		_____ Contact Fax
_____ Contact E-mail					

If your booth will be branded under a product name(s) please list it/them: _____

If this company exhibited at NCE under a different name, what was it? _____

Last year that this company exhibited at NCE: _____

2. BOOTH SELECTION:

Booth Choice (visit www.aasa.org to view current floor plan):

1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____ 4th Choice: _____ 5th Choice: _____ **Size of Booth** _____

Please assign near _____ do not assign near _____ **Circle:** I will / I will not be selling merchandise.

Check All Applicable Boxes

- | | |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> First-time Exhibitor (Reverse side must be completed and submitted at time of Application) | <input type="checkbox"/> ExpoSuite Requested (Space sizes vary. Separate ExpoSuite information and Contract will be sent to exhibitors. ExpoSuites may be rented by exhibiting companies only.) |
| <input type="checkbox"/> Wellness Pavilion Requested | <input type="checkbox"/> Sponsorship Information Requested |

3. RATES:

Exhibitor Rate:

- \$1,500 per 10' x 10' inline booth
- \$1,700 per 10' x 10' corner or island booth

First-Time Exhibitor Rate*:

- \$1,300 per 10' x 10' inline booth
- \$1,500 per 10' x 10' corner or island booth

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(prices do not include rental of furniture or floor covering)

See other side for steps 4 – 6.

4. COMPANY DESCRIPTION:

The information included on this side will be used by AASA to determine your company's eligibility to exhibit and for inclusion in the Exhibitor Directory.

Company or Product Description:

Please limit description to 35 words or less. Use ® for registered product names and ™ for all trademarks.

5. COMPANY DIRECTORY

Select up to 4 product categories for your listing in the Exhibitor Directory.

- | | | |
|-----------------------------------------------------------------------------------|--------------------------------------------------------------------|-----------------------------------------------------------------|
| <input type="checkbox"/> Administrative Software & Products | <input type="checkbox"/> Facilities Maintenance | <input type="checkbox"/> Teaching Aids |
| <input type="checkbox"/> Associations, Educational & Public Service Organizations | <input type="checkbox"/> Financial Services | <input type="checkbox"/> Technology –Informational |
| <input type="checkbox"/> Athletic Equipment & Services | <input type="checkbox"/> Flooring, Wall Covering & Roofing | <input type="checkbox"/> Technology– Instructional |
| <input type="checkbox"/> At-risk Student Services | <input type="checkbox"/> Food Service Equipment & Management | <input type="checkbox"/> Tests & Assessment Measurement |
| <input type="checkbox"/> Audiovisual Materials & Equipment | <input type="checkbox"/> Fundraising Programs & Services | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Auditorium Seating, Bleachers, Signs & Scoreboards | <input type="checkbox"/> Furniture | <input type="checkbox"/> U. S. Government Activities & Services |
| <input type="checkbox"/> Book, Magazines & Printed Materials | <input type="checkbox"/> Handicapped Equipment & Services | <input type="checkbox"/> Windows & Window Coverings |
| <input type="checkbox"/> Chalkboards & Bulletin Boards | <input type="checkbox"/> Heating, Ventilating & Air Conditioning | |
| <input type="checkbox"/> Colleges and Universities | <input type="checkbox"/> Insurance | |
| <input type="checkbox"/> Communications Equipment & Services | <input type="checkbox"/> Lockers & Storage Equipment | |
| <input type="checkbox"/> Computer & Electronic Equipment | <input type="checkbox"/> Maintenance-Building & Grounds Equipment | |
| <input type="checkbox"/> Correspondence Courses & Career Education | <input type="checkbox"/> Management & Consultant Services | |
| <input type="checkbox"/> Curriculum & Instruction Materials | <input type="checkbox"/> Mobile & Relocatable Classrooms | |
| <input type="checkbox"/> Distance Education | <input type="checkbox"/> Music Equipment & Materials | |
| <input type="checkbox"/> Doors, Shelving & Partitions | <input type="checkbox"/> Professional & Organizational Development | |
| <input type="checkbox"/> Education Services & Programs | <input type="checkbox"/> Recognition & Awards | |
| <input type="checkbox"/> Educational Software, Computer-Assisted | <input type="checkbox"/> Reports and Public Information | |
| <input type="checkbox"/> Training | <input type="checkbox"/> Safety Education & Security Systems | |
| | <input type="checkbox"/> School Architecture & Construction | |
| | <input type="checkbox"/> School & Band Uniforms | |

FOR AASA USE ONLY	
ID Number	_____
Date Received	_____
Booth(s) Assigned	_____
Booth Size/Dimensions	_____
Total Booth Cost \$	_____
Deposit Amount \$	_____
Balance Due \$	_____
Confirmation	_____
Priority Points	_____
AASA Signature/Date:	_____

6. AGREEMENT:

I, the undersigned, hereby make application for exhibit space at the National Conference on Education (NCE) 2010 Exposition. I am an authorized representative of the company and with the full power and authority to sign and deliver this Application.

Authorized Printed Name

Authorized Signature

Date



Return Signed Applications to: American Association of School Administrators; ATTN: Exposition; 801 North Quincy Street, Suite 700; Arlington, VA 22203; Phone: 703-875-0706; Fax: 703-528-2146
AASA's tax ID number is: 54-1999773