

MIDWEST SECTION of AOAC INTERNATIONAL ANNUAL MEETING AND EXPOSITION 2008

APPLICATION – CONTRACT EXHIBIT SPACES ARE \$500.00

Exhibit spaces will be 10' x 6'. Each space will have an 8' drapery backdrop with two 3' draped side rails. It will contain an 8' skirted table, 2 chairs and 1 500 watt electrical outlet. Exhibition fee includes 2 registrations. Each registration includes 2 breakfasts, 2 lunches, 1 evening meal and 1 evening mixer. Additional registrations are \$80 each. Exhibit spaces will be assigned on a "first-come/first-served" determined by the receipt of a signed and paid contract.

Hotel Facilities:

Best Western Gran Tree Inn
1325 N 7h Ave, Bozeman, MT 59715
Phone: 406-587-5261, Fax 406-587-9437
Contact: Petra Gunther
Trade Show Contractor:
K&J Convention Services, LLC
Helena, Mt
Phone: 406-994-3383, Fax: 406-994-4494
www.kjconventions.com
Show ID: Chemist

We, the undersigned company, do hereby make application to participate as an Exhibitor in the Exposition indicated by this contract. We request the Midwest Section AOACI to reserve exhibit space for our use at this Exposition.

INSTRUCTION TO VALIDATE CONTRACT

We, in order to validate this contract...

1. Enclosed our check No. _____ dated _____ made payable to the Midwest Section of AOACI for full payment of the cost of the booth.
2. Agree that we shall accept the exhibit space assigned unless we reject it within ten (10) days from the date of Midwest Section of AOACI's confirmation of our exhibit space.
3. Understand and agree to all rules and regulations governing this Exposition appearing on the reverse side of this contract.
4. Specify that the products/services shown below are those that rightfully represent our company and those that we propose to exhibit. Any changes made, regarding the products/services to be exhibited, will be forwarded to the Midwest Section of AOACI in writing at least 45 days prior to the show's opening.
5. List below our products/services to be exhibited and one (1) top competitor from whom we desire booth separation.
6. We understand that this contract will not be processed unless this information is given.

COMPETITOR FROM WHOM WE DESIRE BOOTH SEPARATION

PRODUCTS / SERVICES TO BE EXHIBITED

BOOTH NUMBER SELECTIONS
1. _____ 2. _____ 3. _____

IMPORTANT NOTE

Attach your check, payable to MIDWEST SECTION of AOACI, as specified in item 1, to the contract properly executed according to the instructions. A written confirmation of your contract and payment will be made upon acceptance

MAIL TO:

DeAnne Iverson
Veterinary Diagnostic Services
NDSU Box 5406
1523 Centennial Blvd.
Fargo, North Dakota 58105

Phone 701-231-8309 Fax 701-231-7514
Deanne.iverson@ndsu.edu

PLEASE TYPE OR PRINT

Company or Organization _____

Address _____ Room No. _____

City, State/Province _____ Zip/Postal code _____

By _____

Title _____ Area Code, Telephone No. _____

Signature _____

Exhibitors: _____

Name _____

Name _____

Send Exposition Communications to: _____

Website: _____



*The Scientific Association Dedicated
to Analytical Excellence[®]*

FOR USE BY MWAOCI ONLY

Space(s) Assigned:

Accepted by MWAOCI:

Total Charges for Booth(s) Assigned: _____

Date: _____ Amount: _____

Refreshment

Sponsor: _____