

EXHIBIT SPACE CONTRACT

Please fill out completely

Cost: \$525.00 Single Booth \$950.00 Double Booth \$450.00 each over 2 spaces.

*Please reserve _____ booth(s) for a total cost of \$_____. Booth Number _____ 1st Choice _____ 2nd Choice _____

Payment may be made by check or credit card (Visa, MasterCard or American Express only)

Check payable to: Class II Summit

(Please type or print clearly - this information is for publication.)

Company Name _____

Contact Name _____

Address _____

City, State, Zip _____

Brief description of your company's product or services: Please type or print clearly

BOOTH PERSONNEL

Your booth price includes conference registration for 2 people. There will be an additional charge of \$100.00 per person for extra booth personnel over 2.

LIMIT - 4 PEOPLE PER BOOTH

I will need name badges for the following booth personnel (please include nicknames if applicable):

Single Booth

1. _____

2. _____

Second Booth

1. _____

2. _____

I will need name badges for the following additional booth personnel @ \$75.00 each: (attach list for multiple booths)

Single Booth

1. _____

2. _____

Second Booth

1. _____

2. _____

*Total number of additional booth personnel: _____ @ \$100.00 each for a total cost of \$_____.

***TOTAL AMOUNT DUE: Booth Cost + Additional Booth Personnel = \$_____.**

Credit Card # _____ VIN Number _____ Expiration Date _____

Name (as it appears on card) _____

Authorized Signature _____ Date _____ Booth _____

By signing this contract, I agree to the terms/regulations printed on the reverse side.

Photocopy both sides of this contract for your records and mail the original to:

Class II Summit
448 Ashland Ave
Saint Paul, MN 55102
Email: Hbuss

