



2012 TAM Exhibit Hall Agreement

March 27-30, 2012



El Tropicano Hotel, San Antonio

INSTRUCTIONS

Complete the form in its entirety. Please write as clearly as possible.

- **FAX** to 817-332-1179. *Faxed applications will only be accepted with credit card number.*
- **MAIL** to Texas Association of Museums, 101 Summit Avenue, Suite 802, Fort Worth, Texas 76102. *Mailed applications will be accepted with a credit card number and expiration date; a check included with form or copy of purchase order with form. Make checks payable to Texas Association of Museums.*

BASIC COMPANY INFORMATION

Company: _____
Address: _____
City: _____ State: _____ Zip: _____
Main Telephone Number: _____ Fax: _____
Company Website: _____
Contact Person: _____
Title: _____
Direct Phone: _____ Cell Phone: _____
Email Address: _____

EXHIBIT BOOTH REPRESENTATIVES

#1 Booth Rep's Name: _____
Title: _____
Direct Phone: _____ Cell Phone: _____
Email Address: _____
#2 Booth Rep's Name: _____
Title: _____
Direct Phone: _____ Cell Phone: _____
Email Address: _____

Each 8x10 booth is allowed only two (2) complimentary registrations. For additional personnel, please contact TAM: a fee may be applicable. Substitution is allowed up to March 5, 2012 in writing.

BOOTH PRICING

Exhibit booth space is 8' x 10'. Exhibit booths include an 8' backdrape and 3' sidedrapes, two chairs, a 6' skirted draped table, a wastebasket, and a standard header 7" x 44" with name of the Exhibitor.
The rental price per booth is \$500 for Early Bird Registration until February 20 and \$750 for Regular Registration after February 20 , which includes the provisions outlined in the Prospectus. Business TAM members receive a 10% discount -- Early Bird - \$450, and Regular - \$675.

EXHIBIT HALL INFORMATION

Number of Booths Requested: _____ x \$ _____ per booth* = \$ _____ Total Due
*See Booth Pricing above

Specify your choice of three (3) locations in order of preference: ([Review Floor Plan](#))

1st Choice _____ 2nd Choice _____ 3rd Choice _____

Principle Products To Be Displayed:

Company Identification Sign (Company Name/Institution) (Required)

Name as it will appear: _____

Electrical Outlet: Check whether you require such service Yes No

Phone/Internet: You may order these services through Freeman.

Freeman will include a phone and Internet order form in their package of services 45-days prior to the event. Orders should be placed directly with Freeman. These services will be billed directly to you and TAM has no bearing on such matters. All electrical needs including phone lines will be handled by El Tropicano Hotel and will be included in the Freeman materials. These services should be ordered at least 30-days in advance of arrival.

CONFERENCE ACTIVITIES

Interested in attending the Conference Sessions and mingling with the Attendees? No Yes

Booth registration allows for two representatives to attend the conference sessions. Should you want or need to have more representatives in your booth, then additional registrations can be obtained via the Attendee Registration portal.

Meals, Tours & Evening Events

Tickets may be purchased separately through the Registration portal.

Total Amount Owed

Total Amount Owed: \$ _____ (Same amount should be reflected below)

PAYMENT

Total Payment Amount: \$ _____ (Should be same amount from above)

Payment Method: Credit Card Check # _____ Purchase Order # _____

Credit Card Type: Visa MasterCard Discover American Express

Credit Card Number: _____

CCV Number: _____ Expiration Date: _____

Cardholder's Name (as it appears on card): _____

Name of Organization: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

Signature of Authorized Agent: _____ Date: _____