## Application for Exhibit Space at the 20th Annual SATRO® Conference Please photocopy for your records. Payment must be received by March 23, 2018.

Company Name	• •		·
Contact Person	Telephone		
Exhibiting companies will receive two (2) reprint name exactly as it should appear on the news and schedule updates. Booth placement	ne conference ID badge. E-ma	ail information is red	quired for conference
1st Exhibit table:			
Name:	E-mail		Fee: \$900
Name:	E-mail		Fee: Included
Late Registration Fee for payments received	d after 3/23/2018		Add: \$100
2 <sup>nd</sup> Exhibit table (under same Company Na	mal		
Name:	-		Fee: \$700
Name:			
Late Registration Fee for payments received			Add: \$100
			· —
Additional Staff: Name:	F-mail		Fee: \$225
Name:			
	E-mail		
Distribution of product information, up to 2			Add: \$300
Pre-conference mailing labels (per rental)	o pg. brochare (each brochar	(-)	Add: \$200
Less:			Add. \$200
'Early Bird' discount for <u>non-refundable</u> payments received by 12-15-17			Less: \$100
			TOTAL:
Exhibitors are responsible for all special hotel or other charge electrical access provided with this registration, set-up and to liability of the association shall be limited to a refund of the All refund requests must be in writing. In the event of cancerparties that the liability of the association shall be limited to requirements established by the facility where the exhibit spersonal or business materials or equipment at the conferent opost pictures of their exhibit staff on its website or in other Accepted by:  Signature and title of company	take down charges. In the event of cance amounts paid less a \$150 administrative ellation of the conference for reasons be a refund of the amounts paid. Each extracted is located. In participating, exhibitonce and damage to the facility. Companer marketing materials.	cellation by the exhibitor pri- e fee. No refund requests a eyond the control of SATRO <sup>®</sup> hibitor agrees to fully compl ors agree to bear full respon- ies signing this agreement e	or to March 23, 2018, the fter that date will be honored.  The it is the understanding of all y with any and all sibility for the loss of any extend permission to SATRO®
PAYMENT OPTIONS:			
Credit Card: Visa MC Disco	ver (Amex is	s not an option at th	is time)
Name on Card			
Credit Card #	Exp Date	3 Di	git Code
Billing Address	City	State	Zip
Phone Number			
E-mail for receipt			
Signature			
Check: make your check payable to SATRO®	, and mail to the address liste	ed below.	
Credit Card: scan and E-mail your payment	to mysatro@aol.com.		

SATRO®, P.O. Box 2496, Matthews, NC 28106 Our phone number is (877) 559-4548 (Toll-free).

