

Application for Exhibit Space at the 22nd Annual SATRO® Conference
Please photocopy for your records. Payment must be received by March 23, 2020.

Please print all information exactly how it is to appear in all SATRO® 22nd Conference Material

Company Name _____
Address _____
City, State, Zip _____
Contact Person _____ Telephone _____
Email _____

Exhibiting companies will receive two (2) registrations per booth. All representatives must be registered. Please print name exactly as it should appear on the conference ID badge. E-mail information is required for conference news and schedule updates. Booth placement is at the discretion of the conference organizers.

1st Exhibit table:

Name: _____ E-mail _____ Fee: \$900 _____
Name: _____ E-mail _____ Fee: Included _____
Late Registration Fee for payments received after 3/23/2020 Add: \$100 _____

2nd Exhibit table (under same Company Name)

Name: _____ E-mail _____ Fee: \$700 _____
Name: _____ E-mail _____ Fee: Included _____
Late Registration Fee for payments received after 3/23/2020 Add: \$100 _____

Additional Staff:

Name: _____ E-mail _____ Fee: \$225 _____
Name: _____ E-mail _____ Fee: \$225 _____
Name: _____ E-mail _____ Fee: \$225 _____
Distribution of product information, up to 20 pg. brochure (each brochure) Add: \$300 _____
Pre-conference mailing labels (per rental) Add: \$200 _____

Less:

'Early Bird' discount for payments received by 1-17-2020 Less: \$100 _____

TOTAL: _____

Exhibitors are responsible for all special hotel or other charges for their exhibit, to include storage, shipping, any special electrical hook-ups beyond the electrical access provided with this registration, set-up and take down charges. In the event of cancellation by the exhibitor prior to March 23, 2020, the liability of the association shall be limited to a refund of the amounts paid less a \$250 administrative fee. No refund requests after that date will be honored. All refund requests must be in writing. In the event of cancellation of the conference for reasons beyond the control of SATRO®, it is the understanding of all parties that the liability of the association shall be limited to a refund of the amounts paid. Each exhibitor agrees to fully comply with any and all requirements established by the facility where the exhibit space is located. In participating, exhibitors agree to bear full responsibility for the loss of any personal or business materials or equipment at the conference and damage to the facility. Companies signing this agreement extend permission to SATRO® to post pictures of their exhibit staff on its website or in other marketing materials.

Accepted by: _____ Date: _____

Signature and title of company representative

Note that charges may be processed by SATRO® or by another payment processing firm.

PAYMENT OPTIONS:

Credit Card: Visa _____ MC _____ Discover _____ (AMEX is not an option)

Name on Card _____
Credit Card # _____ Exp Date _____ 3 Digit Code _____
Billing Address _____ City _____ State _____ Zip _____
E-mail for receipt _____
Signature _____

Mail or e-mail your application and payment to:

SATRO®, P.O. Box 2496, Matthews, NC 28106, or mysatro@aol.com

Our phone number is (877) 559-4548 (Toll-free). We look forward to seeing you soon!