EXHIBIT SPACE APPLICATION
Botany 2001 Conference “Plants & People”
Meeting of the following Societies ABLS, AFS, ASPT, BSA, IOPB
August 12-16, 2001
Albuquerque Convention Center - Albuquerque, New Mexico

Instructions
Type or print the application. Complete all sections. Make a copy for your records. Sign and return this application including payment-checks made payable to Botany 2001 to: Botany 2001, c/o Botanical Society of America, 1735 Neil Avenue, Columbus OH 43210. Applications received prior to June 8, 2001 must include a $250 deposit of the total cost. The balance of space rental charge will become due and payable on June 8, 2001. Applications received after June 8, 2001 must include full payment. Upon assignment of space by Show Management, a booth space confirmation will be mailed to you.

• Key Contact
Person/Title
This person will serve as your primary Exhibitor contact and will receive the Exhibitor Service Kit for this trade show.

Phone Number ____________________________
E-mail Address ____________________________
The company name, address, phone numbers, fax number and e-mail address shown below will be printed in the Exhibit Guide distributed at the Show. Exhibitors are listed alphabetically. Please indicate in the box under which letter of the alphabet you wish your company name to appear.

FIRM NAME
Firm Name Continued
STREET ADDRESS
CITY/STATE/ZIP
PHONE NO. TOLL FREE NUMBER

FAX NUMBER

• EXHIBIT SPACE RENTAL:
The exhibit space is a 10' x 10' booth
  ▪ For BSA Corporate Sponsors the fee is $800
  ▪ For Non-Corporate Sponsors the fee is $950

• CANCELLATION POLICY: No refunds will be made after June 8, 2001

• LOCATION PREFERENCES: Please indicate the location and configuration of the booth space requested. Applications without payment will not be processed.

1st Choice_______2nd Choice_______3rd Choice_______
In the event your booth choices are not available to you, please circle which is more important to you:
  ▪ Corner Location or
  ▪ Proximity to one of your Booth Choices

We would not like to be next to or across the aisle from: ____________________________

PRODUCT INFORMATION: In 30 words or less, below or attach describe the products/services to be exhibited. We reserve the right to edit copy.

PAYMENT
Number of Booths _______
Cost of Booth(s) Corporate or Non Corporate Rate _______
Total Due _______
Deposit paid if before June 8th 2001 _______
Total Amount due by June 8th 2001 _______
Method of Payment -- Circle One
Check Master Card Visa In the amount of _______
Card Number ____________________________
Expiration Date ____________________________
Name as it appears on the Card ____________________________
Card Holder’s Address ____________________________
Card Holder’s Signature ____________________________

We agree to abide by all rules and regulations governing the exposition as printed on the reverse side hereof and which are part of this application. Acceptance of this application by Botany 2001 constitutes a contract.

Authorized Signature ____________________________
Date ____________________________
Title ____________________________

Any Questions? Call Botany 2001 Exhibition at 614-292-3519
Or e-mail at meetings@botany.org

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