



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.

1stChoice _____ **2ndChoice** _____ **3rdChoice** _____

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.

Date _____

Authorized Signature _____

Title _____

Any Questions? Call Botany 2001 Exhibition at 614-292-3519

Or e-mail at meetings@botany.org

For Office Use Only

