



EPEPS Conference

EXHIBITOR APPLICATION

Those companies interested in exhibiting products or services at this conference should complete the **Exhibitor Application Form** and return by **September 15, 2009**

Conference Dates:	October 19-21, 2009
Conference Location:	Embassy Suites Hotel - Washington Square 9000 SW Washington square Road Tigard, Oregon 97223 503-644-4000
Exhibit Fees:	\$950.00
Exhibit Fees include:	One (1) meeting registration for exhibit personnel, one (1) 6' table – draped & skirted, two (2) chairs and electrical access (All exhibits must fit on 72" x 30" table top)
Exhibit Fees Do Not include:	Wireless access, easels, signage <i>Contract with the hotel directly for these and other items</i>
Exhibit Set-up:	Monday, October 19 at 7am Tables will not be assigned
Exhibit Hours:	Mon., October 19 at 7 am – Tues., October 20 at 6:00 pm
Additional Personnel:	\$275 for each additional exhibitor personnel. Only 3 additional are allowed.
Shipments to hotel:	Shipments are <u>not to arrive</u> before Friday, October 16, 2009 Shipments must be addressed as follows: Hold for: <i>[Company Representative Name]</i> Arriving: <i>[Date of Arrival]</i> EPEP Conference Embassy Suites Hotel – Washington Square 9000 SW Washington Square Road Tigard, Oregon 97223

CONDITIONS:

Exhibitors must comply with all hotel and municipal regulations.

Exhibitors agree to indemnify and hold harmless the host hotel and the organizers of EPEPS for any damages to or loss of their display materials.

Exhibitor acknowledges display area is not secured.

Exhibitor will choose own table upon set-up. Exhibitor understands tables will not be assigned.

Exhibitor agrees to wear official conference badge when in the conference area.

Exhibitor agrees to provide names of all attending personnel by **October 1, 2009**.

This constitutes all communication regarding exhibiting at this conference. No further packets will be forthcoming.

The signer agrees to accept and abide by these conditions.

Signature: _____ Date: _____



EPEPS CONFERENCE

EXHIBITOR APPLICATION FORM

Company Name		
Contact Name		
Address		
City	State	Zip
Country		
Telephone	Fax	
Email		

EXHIBIT FEE		\$950.00
Personnel Name(s) are required otherwise NO badges will be issued at conference.		
Name of On-Site Personnel		No charge
Name of Additional Personnel		\$275.00
Name of Additional Personnel		\$275.00
Name of Additional Personnel		\$275.00
TOTAL FEE ENCLOSED		\$

Make checks payable to: **The University of Arizona** We accept: Visa, MasterCard, AMEX and Discover

Card Number _____ Exp date _____

Signature _____

Mail, Fax or Email as an attachment by **September 15, 2009 to:**

Engineering Professional Development
1224 N. Vine Ave.
Tucson, AZ 85719
Fax: 520-621-1443
Email: pasutton@email.arizona.edu

For more information, contact Kelly Sutton at 520-621-5104

Please retain a copy of this form for your records