



2002 AGU Fall Meeting

EXHIBITOR APPLICATION AND CONTRACT

■ Exhibit dates 7-10 December

1. EXHIBITOR INFORMATION

Organization Name _____

Address _____

City _____ State _____

Zip/Postal Code _____ Country _____

Contact Name _____ Title _____

Phone _____ Fax _____

E-mail _____ Web _____

2. EXHIBITOR PROFILE

Please e-mail a company profile of 50 words or less for inclusion in the 2002 Fall Meeting Program. Deadline to submit the exhibitor profile is **16 September 2002**. The preferred format for submitting this information is electronically via e-mail to exhibits@agu.org. Please include contact information. No profiles will be published if there is an outstanding balance on your account.

3. BOOTH INFORMATION

BOOTH SELECTION (Please write multiple booth selections on one line)

1st _____ 2nd _____ 3rd _____ 4th _____

I would like to be near: _____

I would like to be far from: _____

BOOTH IDENTIFICATION AND PAYMENT INFORMATION

Exhibitor _____

(Please print company/organization name exactly as it should appear on signs, in the meeting program, and in promotions.)

Discount Packages

(Does not apply to Special rate booth selections)

- | | | |
|--|---------|-------|
| A. One Premium Booth + Full Page Ad | \$3,050 | _____ |
| B. One Premium Booth + ½ Page Ad | \$2,400 | _____ |
| C. One Premium Booth + Cover (full page, 4-color) | \$4,150 | _____ |
| D. One Standard Booth + Full Page Ad | \$2,900 | _____ |
| E. One Standard Booth + ½ Page Ad | \$2,300 | _____ |
| F. One Standard Booth + Cover (full page, 4-color) | \$4,050 | _____ |

(Note: Each additional booth will cost the regular Premium or Standard Booth rate)

Total \$ _____

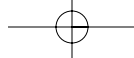
Booths

- | | | |
|---------------------------------|-------------------|----------|
| A. # of Premium Booths _____ | at \$1,700 each | \$ _____ |
| B. # of Standard Booths _____ | at \$1,600 each | \$ _____ |
| C. Island Booth _____ | at \$6,800 each | \$ _____ |
| D. One Special Rate Booth _____ | at \$400 or \$800 | \$ _____ |
| E. Academic Showcase _____ | at \$400 | \$ _____ |

(Limit one Special Rate booth at \$400 or \$800 rate. Eligibility information on page 4.)

Total # of booths _____

Total Amount \$ _____



4. ADVERTISING INFORMATION - Meeting Program:

Only exhibitors may advertise in the meeting program

Advertising Closing Dates

- Space Reservation: 2 September 2002 *(Please submit payment when submitting your space reservation)*
- Mechanical Due: 16 September 2002

| Ad Size | Dimensions |
|-----------------------------|-------------------|
| Half Page (b/w) | (7 1/4" x 4 3/4") |
| Full Page (b/w) | (7 1/4" x 9 3/4") |
| Covers: (2, 3, or 4) | |
| Full Page, 4-color | (7 1/4" x 9 3/4") |

See discount package information on page 5

Contact Person for Advertising _____ Phone _____
 E-mail _____ Fax _____

5. EXHIBITOR BADGES

Two complimentary registrations per Premium and Standard booths. One complimentary registration per Special Rate booth. Each additional registration is at the regular meeting registration rate of \$290.00 (more than 1 day) or \$145.00 (1 day). Each person at your booth must be registered for the meeting. Deadline for names for staff badges to be preprinted before the meeting is 10 October 2002.

(1) Name _____ (2) Name _____
 Title _____ Title _____
 Comp [] Additional Registration \$ _____ Comp [] Additional Registration \$ _____

(3) Name _____ (4) Name _____
 Title _____ Title _____
 Comp [] Additional Registration \$ _____ Comp [] Additional Registration \$ _____

Total Amount for Staff Badges \$ _____

6. PAYMENT

| | | |
|--|-----------------------|----------|
| AMOUNT ENCLOSED (50% deposit required to reserve booths) | Package | \$ _____ |
| | Booths | \$ _____ |
| | Badges | \$ _____ |
| | Total Enclosed | \$ _____ |

BALANCE DUE \$ _____

(Will Be Invoiced. Must Be Paid By 21 October 2002)

Check Number _____ VISA MasterCard American Express (Circle one)
 Number/Expiration Date _____ / _____
 Name _____ Cardholder's Signature _____
(Please print)

Please complete and return this form with your 50% deposit for booth space deposit and full payment for advertisement in Program (if applicable) to:

2002 Fall Meeting
 American Geophysical Union
Attn: Dazzerine L. Hall, Exhibits/Marketing
 2000 Florida Ave., NW Washington, DC 20009, USA
Tel: +1-202-777-7318 or 7536 **E-mail:** exhibits@agu.org
Fax: +1-202-777-7399 (credit card only)

7. AGREEMENT

By my signature, my organization/company agree(s) to abide by all terms and conditions set forth in the exhibit information and policies.

Signature _____ Date _____

Exhibit Application and Contract Will Not Be Processed Without Accompanying Deposit.

