

# 2003 AGU Fall Meeting

## EXHIBITOR APPLICATION AND CONTRACT



### 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 2003 Fall Meeting Program. Deadline to submit the exhibitor profile is **16 September 2003**. The preferred format for submitting this information is electronically via e-mail to [exhibits@agu.org](mailto: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 + Half 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 + Half 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. Number of Premium Booths \_\_\_\_\_ at \$1,700 each .....\$ \_\_\_\_\_
- B. Number 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 7.)

Total Number of Booths: \_\_\_\_\_

Total Amount \$ \_\_\_\_\_

EXHIBIT DATES **8-12 DECEMBER**



#### 4. ADVERTISING INFORMATION—MEETING PROGRAM:

Only exhibitors may advertise in the meeting program

• **Advertising Closing Date**

Space Reservation:.....2 September 2003\*

Mechanical Due: .....20 September 2003

PLACEMENT SIZE	DIMENSIONS	PRICES
Half Page (b/w)	7" x 4"	\$850
Full Page (b/w)	7" x 9"	\$1,500
Covers (2, 3 & 4)		
Full Page (4-color)	7" x 9"	\$2,700

\*Please submit payment when submitting your space reservation

• **Contact Person for Advertising**

CONTACT NAME \_\_\_\_\_

TITLE \_\_\_\_\_

PHONE \_\_\_\_\_

FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

*See discount package information on page 7*

#### 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 2003.

<p>1. _____</p> <p>NAME</p> <p>_____</p> <p>TITLE</p> <p><input type="checkbox"/> Comp Additional Registration \$ _____</p>	<p>2. _____</p> <p>NAME</p> <p>_____</p> <p>TITLE</p> <p><input type="checkbox"/> Comp Additional Registration \$ _____</p>
<p>3. _____</p> <p>NAME</p> <p>_____</p> <p>TITLE</p> <p><input type="checkbox"/> Comp Additional Registration \$ _____</p>	<p>4. _____</p> <p>NAME</p> <p>_____</p> <p>TITLE</p> <p><input type="checkbox"/> Comp Additional Registration \$ _____</p>

**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 2003)

Check \_\_\_\_\_

CHECK NUMBER

VISA    MasterCard    American Express

NUMBER \_\_\_\_\_ EXPIRATION DATE \_\_\_\_\_

NAME (PLEASE PRINT) \_\_\_\_\_

CARDHOLDER'S SIGNATURE \_\_\_\_\_

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

**2003 Fall Meeting**  
 American Geophysical Union  
 2000 Florida Ave., NW Washington, DC 20009, USA  
 ATTN: Dazzerine L. Hall, Exhibits/Advertising  
 PHONE: +1 202.777.7318 or 7356  
 FAX: +1 202.777.7399 (credit card only)  
 E-MAIL: exhibits@agu.org

#### 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.