

2014 SSP Conference Exhibit Order Form
September 17–19, 2014 • Hilton El Conquistador, Tucson, AZ

Exhibit Information

Wednesday, September 17

8:00 a.m.–4:00 p.m. Exhibitor Move-in
4:00–5:00 p.m. Cocktail Reception with Exhibits

Thursday, September 18

9:30–10:00 a.m. Break in Exhibit Hall
12:00–1:30 p.m. Lunch in Exhibit Hall
2:30–3:00 p.m. Break in Exhibit Hall
3:00–5:00 p.m. Exhibitor Move-out

Included in booth price are 8' x 10' booth, 1 table, 2 chairs, and 2 complimentary show floor passes (includes lunch on Thursday).

Exhibitors will need to register for the full SSP Conference if they would like to attend any sessions or additional events or food functions, including the Gala. Gala tickets are available for purchase.

Information regarding freight shipment and ordering additional items for your booth (including electricity) will be sent out by the decorator in the near future.

If you have questions regarding exhibiting, please contact **Cindy Anderson** at +1.651.994.3848 or canderson@scisoc.org.

Company Information

Print your company name as it should be displayed on signage

Company Name _____
Address _____
City _____
State or Province _____
Country _____
Zip/Postal Code _____
Telephone _____
Facsimile _____
Website _____

Exhibit Contact Information

Person to receive future Exhibit communication

Name _____
Title _____
E-mail _____
Telephone _____

If contact information is different from company information, please complete below.

Company Name _____
Address _____
City _____
State or Province _____
Country _____
Zip/Postal Code _____
Facsimile _____

Exhibit Placement

Priority placement provided to companies based on time of order submission and payment received on a first come, first served basis.

Please list your major competitors and other considerations for exhibit placement.

Payment Information

Exhibit Rate: \$1,800 _____ x\$1,800 \$ _____
(# of booths)

Check enclosed, payable to SSP Conference
(When you provide a check as payment, you authorize us to use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. Funds may be withdrawn from your account the same day we deposit payment and you may not receive your check back from your financial institution.)

Charge my credit card
 VISA MasterCard American Express Discover

Card No. _____
Expiration Date _____
Security Code _____
Signature _____
Name on Card _____

Important Payment Dates

- A 100% refund will be given for all space cancelled on or before **June 2, 2014**.
- A 50% refund will be given for space cancelled after **June 2, 2014**.
- No refunds after **August 1, 2014**.

Contract Agreement

We agree to abide and be bound by the terms, conditions, rules, and regulations of the SSP Conference exhibition.

Name (please print) _____
Signature _____
Company _____

Questions?

Contact Cindy Anderson
+1.651.994.3848 • canderson@scisoc.org

Return this form to:

Cindy Anderson
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