

ICAS

Exhibitor Application
Paris Hotel, Las Vegas, Nevada

December 3-6, 2017



Contact Information: *(Please print)*: _____

Organization Name: _____ ICAS #: _____

Email Address: _____

Contact Phone Number: _____

Booth Selection I/we reserve the following booth(s) and hereby confirm acceptance

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

Booth Fees *If you are reserving more than 4 booths, there is a surcharge of \$300.00 for each additional booth and submit separate page with booths you are selecting.*

Number of Superior Booths: _____ x \$700 = \$_____

Number of Premium Booths: _____ x \$675 = \$_____

Number of Standard Booths: _____ x \$650 = \$_____

Booth share fee: _____ x \$300 = \$_____

Surcharge for booths in excess of 4: _____ x \$300 = \$_____

Total Due: \$_____

Payment *Full payment must accompany this form. Booth payments are non-refundable.*

Check Enclosed Please charge my: Visa MC Amex

Name of Cardholder _____ Cardholder Signature _____

Card Number _____ Expiration Date _____

Exhibitor Signature _____
This signature verifies that the Exhibitor has read and agrees to abide by the terms and conditions outlined in the Exhibitor Application materials and the Rules Governing Exhibition at the Annual ICAS Convention.

