



Materials Science & Technology 2003 Exhibition Space Reservation Form

November 9-12, 2003

Hyatt Regency Chicago • Chicago, Illinois
East Tower/Riverside Center Exhibit Hall

Application must be completed in full by the exhibiting company

To reserve space for the Exhibition, complete this form and return to the address or fax given below. By submitting this form, you indicate your intent to occupy exhibit space at the Materials Science & Technology 2003 Exhibition, November 9-12, 2003, in Chicago, Illinois.

To register electronically, visit: <http://www.matscitech.org>

Rental Rate: \$11.00 per square foot; \$1,100.00 per each 10'x10' space.

Number of 10'x10' spaces you wish to reserve: _____ Space Number Preference: 1st _____

2nd _____

3rd _____

AGREED TO:

It is understood that MS&T 2003 will assign a space location on the basis of exhibitors preference and in the order payment is received. MS&T '03 will provide a confirmation with the space assignment. A non-refundable deposit of \$300 is required to secure the reservation and must be paid at the date of application. The balance of space rental charges must be paid in full by August 8, 2003.

Application for space rental indicates the applicant's willingness to abide by all exhibit terms and conditions. MS&T 2003 shall have sole discretion in the assignment or reassignment of exhibit space. Exhibitor may not reassign or sublet assigned exhibit space, in whole or in part, without written permission of the MS&T Exhibition.

I have read the notification of rules and agree to abide by all conditions under which space is leased:

Exhibitor Authorized Signature _____ Date _____

Contact Name: _____

Company: _____

Address: _____

City: _____ State/Province: _____

Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____

E-mail Address: _____ Company Website (URL): _____

PAYMENT INFORMATION:

(\$300.00 deposit):

CHECK (Made payable to TMS)

TOTAL AMOUNT ENCLOSED _____

VISA

Mastercard

American Express

Card Number: _____ Expiration Date: _____

Cardholder Name: _____ Signature: _____

MS&T USE ONLY

This contract is accepted and assigned space number _____, at a cost of \$ _____, is hereby acknowledged.

Accepted by: _____ Date: _____

RETURN THIS COMPLETED FORM TO:

Lynda Draper
ISS Exhibition Coordinator
Phone: 724-776-1535 ext. 629
Fax: 724-776-1880
E-mail: lyndad@iss.org

Cindy Wilson
TMS Exhibits Coordinator
Phone: 724-776-9000 ext. 231
Fax: 724-776-3770
E-mail: wilson@tms.org

