

# ASLO 2019 AQUATIC SCIENCES MEETING EXHIBITOR APPLICATION

This form will reserve exhibit space at the ASLO 2019 Aquatic Sciences Meeting and will become a binding contract upon completion and submission of this form.

**EXHIBIT SPACE RENTAL FEE:** The rental fee for exhibit space is \$1,800 USD for commercial (for-profit) companies, \$900 for governmental organizations and agencies, and \$500 USD for nonprofit organizations, per each booth space. Exhibitor fees includes your company listing on the meeting web site, one exhibit booth (8 feet x 10 feet) with pipe and drape, and an identification sign on the booth display.

**PAYMENT OF FEE:** Full payment of the appropriate fee must be submitted with this application. Please make checks payable in U.S. dollars to ASLO. Return this completed form with payment to the ASLO Business Office, 1105 Wooded Acres, Suite 260, Waco TX 76710, USA.

*Please print or type.*

COMPANY/INSTITUTE/ORGANIZATION \_\_\_\_\_

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

FIRST ADDRESS LINE \_\_\_\_\_

SECOND ADDRESS LINE \_\_\_\_\_

CITY \_\_\_\_\_ STATE/PROVINCE \_\_\_\_\_ ZIP \_\_\_\_\_ COUNTRY \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_ URL/WEB ADDRESS \_\_\_\_\_

Indicate booth choices in order of preference (See diagram on back): 1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Your booth sign should read:

\_\_\_\_\_

For meeting badges, please list the full name of up to four colleagues/co-workers who will be working in your exhibit space:

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

Name for Complimentary Conference Registration:

\_\_\_\_\_

## EXHIBITION FEES (IN U.S. DOLLARS):

Commercial Exhibit Spaces ..... # of spaces @\$1800.00 USD per space = \_\_\_\_\_

Governmental Exhibit Spaces ..... # of spaces @\$900.00 USD per space = \_\_\_\_\_

Nonprofit Exhibit Spaces ..... # of spaces @\$500.00 USD per space = \_\_\_\_\_

**Total in U.S. Dollars** \_\_\_\_\_

## PAYMENT:

Amount Enclosed

Bill My Organization. (You must submit a purchase order from your organization in order to be invoiced; the invoice must be paid prior to the conference.)

Credit Card Payment

Visa     MasterCard     American Express     Discover

NAME ON CARD \_\_\_\_\_

CARD NUMBER \_\_\_\_\_ EXP. DATE \_\_\_\_\_ CV2 \_\_\_\_\_

SIGNATURE \_\_\_\_\_