

53rd ANNUAL OSTA FALL CONFERENCE AND EXPOSITION

LESLIE MIDDLE SCHOOL

October 12TH, 2012

Salem, Oregon

NONPROFIT EXHIBITORS BOOTH CONTRACT

This application /registration for booth(table) space at the 53rd Annual OSTA Fall Conference will become a contract upon your acceptance.

Please mail your payment (checks payable to: Oregon Science Teachers Association) and the signed copy of this completed form to **Bernie Carlsen, Exhibits Chair, OSTA, PO BOX 80456, PORTLAND OR 97280-1456**. The OSTA's TAX PAYER IDENTIFICATION NUMBER (TIN) is 93-6037904. Please keep a copy for your records.

Your Tax Payer Identification Number (TIN) _____

COST OF EXHIBIT SPACE: \$40 (30in x 72in table/space + 2 chairs) Additional space is \$100 per table.

Number of Tables _____

SPECIFIC COMPANIES AND/OR PRODUCTS YOU WANT YOUR EXHIBIT TO BE:

a. Near:

b. Away from:

CONCISE DESCRIPTIVE STATEMENT OF EXHIBIT AND PRODUCTS TO BE DISPLAYED:

SPECIAL EXHIBIT SPACE REQUIREMENTS NEEDED:

ELECTRICAL OUTLET NEEDED?

WALL AS BACKDROP?

WILL SOUND BE USED?

CONTRACT SIGNER: (Please type or carefully print to insure correct spellings!!!)

Company:

Address:

Signature:

Representative:

Additional Representatives:

Phone number ()

FAX: ()

-

email:

Date Payment Received:

Amount:

Check number: