

Call for Booth Registration

\$500 Sponsorship will include:

- ◆ One 6' exhibit table covered and skirted
- ◆ Two chairs
- ◆ Recognition (signage/publicity)
- ◆ CD cover
- ◆ Table tent
- ◆ 1 free registration with CD proceedings

\$1000 Sponsorship will include:

- ◆ One 6' exhibit table covered and skirted
- ◆ Two chairs
- ◆ Recognition (signage/publicity)
- ◆ CD cover
- ◆ Table tent
- ◆ 2 free registrations with CD proceedings
- ◆ And a first-come first-served presentation opportunity

Exhibitor Information:

Exhibitors must staff their display area at all times while the exhibit hall is open.
Event times: Registration begins at 7:30 am June 1 and ends 2:00 pm on June 3.
Exhibitors may set up May 31 before 4:30 pm or June 1 beginning at 6:00 am.*

Exhibits must be set up by 7:30 am June 1.

Exhibits must be taken down by 2:00 pm, Sunday, June 3.

Cancellations after May 7, 2001 will not be eligible for a refund.

Registration and fees must be received by May 16, 2001.

ICIMADE Booth Registration Form

Organization: _____ Contact Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Do you require electricity (110 only)? Yes No

Do you require telephone service? Yes No

Do you require 10 MB ethernet service (limited booths available with this service)? Yes No

Will you be using the one 6' table which will be provided for you? Yes No

Will you need additional tables at a cost of \$13.00 each? If yes, how many? _____

Will you require the two chairs included with your booth? Yes No

Will you need additional chairs (no charge)? If yes, how many? _____

_____ \$500 Sponsorship
_____ \$1000 Sponsorship
_____ Extra tables (\$13 each)

Total Due: _____ (payable to NDSU)

* Please note: Although NDSU strives to provide secured facilities, it will not be held responsible for lost or stolen merchandise. Limited security will be provided during evening hours for the exhibit area. Exhibitors must staff booths at all other times.

I have read and agree to the above terms and conditions.

Authorized Signature: _____ Date: _____

Name and title (please print or type): _____

Complete and return this booth registration form and fees to:

ICIMADE Exhibit Registration
North Dakota State University
PO Box 5819
Fargo, ND 58105

Fax: 701-231-7016
Phone: 701-231-7015