

2010 IREM Tri-State Expo Exhibitor Information Form

Company Information

Company Name: _____
Official Booth Contact: _____
_____ will be printed in Expo brochure and will receive all exhibitor correspondence
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Web Address: _____ E-mail: _____
Type of Service/Product: _____

Terms/Conditions

In the event that an exhibitor must cancel prior to the exhibit, all refunds will be at the discretion of IREM based on date of cancellation and benefits received thus far. To reserve a space, booths must be paid in full. All requests for booths and electricity must be coordinated through IREM. **An electric request form will be sent in your confirmation packet.**

Exhibit Registration

Tabletop exhibit space includes set-up and breakdown, one 6' table, skirting and (2) chairs per table. We are limited to tabletop displays only. No wall hangings or freestanding displays can be accommodated. **Tables will be assigned on a first paid first served basis.**

Door Prizes

Part of the fun and incentive for members to visit your exhibit is a donation of a door prize, which will be awarded during the show. You will need to provide a basket or bowl for collection of business cards.

Yes, we will donate a door prize.

Exhibitor Badges

Please complete the following information for company attendees.

(Two registrants are included with your booth registration fee; **two** additional staff may be registered @ \$85 pp; additional staff will be at full conference attendee rate of \$279).

Official Booth Contact: _____ E-Mail _____
Other Company Representative: _____ E-Mail _____
Additional Staff @\$85 per person: _____ E-Mail _____
_____ E-Mail _____
Additional Staff @\$279 per person: _____ E-Mail _____
_____ E-Mail _____

Booth Registration Fee:

Friends of IREM: \$750.00 (Includes companies who are Friends of IREM in NJ Chapter 1, Delaware Valley No. 3 or SNJ Chapter No. 101)

Non-member Exhibitor fee: \$950.00

Payment:

I will pay by check

Please make check payable to: IREM Delaware Valley Chapter No. 3

Mail to: PO Box 65 - Riverton, NJ 08077-0065

Total Amount Enclosed: \$ _____

I will pay by Visa, MasterCard or Discover (NO AMEX)

Fax to: 856-786-3894

Name on Card _____

Account Number _____

Expiration Date _____ Amount to Charge \$ _____