

# Application/Contract for Exhibit Space

We, the undersigned hereby make application to participate as an exhibitor in CTIA WIRELESS I.T. & Entertainment 2008, CTIA's Convention and Exposition. We request that show management reserve the following exhibit space for our use. We understand that exhibit space will be assigned on a seniority, then first-come, first-served basis and obtaining one of our six selections is based on this criteria and is not guaranteed.

**Exhibit Space Rates:**

CTIA Member: \$24 per square foot.  
Non-Member: \$32 per square foot.

**1. Exhibit Space Size & Total Space Charge:**

Requested Booth Size \_\_\_\_\_ ft. x \_\_\_\_\_ ft. = \_\_\_\_\_  
Total Square Feet

Total Space Charge \_\_\_\_\_ x \$ \_\_\_\_\_ per sq. ft. = \$ \_\_\_\_\_  
Total sq. ft. \$24 Member/ \$32 Non-Member Exhibit Space Cost

Total Exhibit Space Cost = \$ \_\_\_\_\_

[ ] Check here for a listing in the online CTIA Industry Directory = \$ **800.00**

Total Due = \$ \_\_\_\_\_

**50% Deposit Due with Application = \$ \_\_\_\_\_**

Balance Due by July 11, 2008 = \$ \_\_\_\_\_

100% Due with Contracts Received after July 11, 2008 = \$ \_\_\_\_\_

If paying by credit card, please complete the following: [ ] VISA [ ] MasterCard [ ] AMEX

Credit Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_ \$ \_\_\_\_\_  
Amount of Charge

Name & Company (as it appears on the card) \_\_\_\_\_

Billing Address \_\_\_\_\_

Authorized Signature for Charge \_\_\_\_\_

**2. Exhibit Space Selection:**

Please list your booth choices in order of preference. Providing choices from different areas of the exhibit hall will increase your chances of obtaining one of your six choices.

1st \_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_ 4th \_\_\_\_\_ 5th \_\_\_\_\_ 6th \_\_\_\_\_

**3. Exhibit Space Special Requests:**

Companies from whom we desire booth separation:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

Companies whom we desire to be near:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**4. Terms and Conditions:**

In order to validate this Application/Contract we:

- A. Have attached our check (US Currency) made payable to CTIA, or have completed above credit card information for 50% of the total exhibit space cost as a deposit for the exhibit space requested. **Applications/Contracts will not be accepted or processed, and exhibit space will not be held or assigned without the requisite deposit.** Applications/Contract submitted after July 11, 2008 a check for 100% of the total exhibit space cost must be attached.
- B. The individual signing this agreement warrants that he/she has the authority to bind contractually the organization applying for exhibit space.
- C. Agree to pay the total balance due by July 11, 2008. If we request an invoice for payment, we are obligated to pay the invoice amount upon receipt of invoice. Failure to do so shall result in an assessment of a late payment fee and may result in cancellation of our exhibit space or restriction of on-site services.
- D. Agree that the exhibit space assigned shall be accepted unless exhibitor rejects it in writing within ten (10) days from the date of the exhibit space confirmation.
- E. Understand and agree to abide by all rules and regulations governing this event as they appear on the reverse side of this contract, in the display regulations, the Exhibitor Rules & Regulations, the Forms Packet, and the Service Order Kit.

**5. Exhibitor Information:**

Exhibiting Company Name \_\_\_\_\_

Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_ Country \_\_\_\_\_

Exhibit Contact \_\_\_\_\_ Title \_\_\_\_\_

Telephone \_\_\_\_\_ Facsimile \_\_\_\_\_

Email Address (Important Exhibitor Updates sent via Email) \_\_\_\_\_

URL \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Please Print Authorized Signature Name \_\_\_\_\_ Title \_\_\_\_\_

Brief description of product(s) to be exhibited. Attach product literature if available.

**6. Accepted by CTIA:**

Signature of CTIA Representative \_\_\_\_\_

Title \_\_\_\_\_ Date \_\_\_\_\_

**7. Mail Application and Deposit To:**

CTIA WIRELESS I.T. & Entertainment 2008  
1400 16th St., NW, Suite 600  
Washington, DC 20036  
**Fax: 202-736-3686**

**Wire Transfer Information:**

Wachovia Bank, N.A.  
Attn: Conventions Department  
1300 Connecticut Avenue, NW  
Washington, DC 20036  
Account Number: 2066701764674  
ABA Routing Number: 054 001 220

(Exhibitor: Please keep yellow copy for your records.)

**For CTIA Use Only:**

Space(s) Assigned: \_\_\_\_\_ Selected by: \_\_\_\_\_ T.S.F.: \_\_\_\_\_ M/N-M: \_\_\_\_\_ Points: \_\_\_\_\_

ID #: \_\_\_\_\_ Deposit: \_\_\_\_\_ Date Received: \_\_\_\_\_ Check No./CC: \_\_\_\_\_ Balance Due: \_\_\_\_\_