

EXHIBIT RESERVATION FORM

EXHIBITOR INFORMATION (PLEASE PRINT)

CONTACT PERSON'S NAME _____ TITLE _____

COMPANY NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____ TELEPHONE _____

FAX _____ E-MAIL _____ WEBSITE _____

I have read and agree to abide by the rules and regulations governing the conference, which are listed on the following page.

Authorizing signature _____

Yes, I will donate _____ [number] books for the AIA Graduate Student Paper Award. (Donors will be acknowledged in the AIA Program and online.)

EXHIBIT SPACE APPLICATION

Space is assigned on a first-come, first-served basis. Spaces cannot be assigned until the exhibit application and deposit are received. Full payment is due by December 1, 2018.

Type of Exhibit Display	Quantity	Cost per unit	Total cost
Premium Exhibit Booth [deposit: \$513] (numbers: 101, 200, 201, 202, 203, 300, 301, 400, 401, 402, 403)	_____	\$1025	\$ _____
Preferred Exhibit Booth [deposit: \$463] (numbers: 204, 205, 206, 210, 212, 214, 217, 304, 305, 316, 317, 404, 405, 407, 411, 413, 415, 416)	_____	\$925	\$ _____
Exhibit Booth [deposit: \$438]	_____	\$875	\$ _____
Display Table [deposit: \$23]	_____	\$485	\$ _____
Combined Book Exhibit (first book) [full payment due at booking]	_____	\$150	\$ _____
<i>Each additional book</i>	_____	\$75	\$ _____
Total Exhibit Space Cost			\$ _____
Deposit			\$ _____
Balance Due			\$ _____

SPACE SELECTION

Consult the floor plan on pg. 4 to determine your preferred booth space. Please write booth number(s) below.

1st choice _____ 2nd choice _____ 3rd choice _____ 4th choice _____

MORE PROMOTIONAL OPPORTUNITIES

Yes, I'm interested in learning more about the marketing/advertising opportunities below. Please email me information about:

- Opening Night Reception
- Sponsored Food or Beverage Break
- Conference Lanyards
- Conference Tote Bags

PAYMENT METHOD AND AUTHORIZATION

All payments must be in U.S. dollars.

- VISA MasterCard Discover American Express
- Check payable to AIA/SCS Annual Meeting enclosed

CARD NUMBER _____

EXPIRATION DATE _____ CVV# _____

CARDHOLDER'S NAME _____

CARDHOLDER'S SIGNATURE _____

Please fax, scan, or mail form to: Kevin Mullen, Archaeological Institute of America,
44 Beacon Street, 2nd Floor, Boston, MA 02108
Fax to: 857-233-4270; Phone: 857-305-9353 Email: kmullen@archaeological.org