

2010 Products & Services Exposition

Exhibit Booth Order Form

Annual Conference of
the International Association of Structural Movers

10-14 February 2010 • Hilton Sandestin Beach Golf Resort & Spa • Destin, Florida

Exhibitor company information

NOTE:
Exhibitors
must be
registered
for the
conference!

EXHIBITOR COMPANY		
NAME AS IT IS TO APPEAR ON BOOTH IDENTIFICATION SIGN		
NAME OF COMPANY REPRESENTATIVE MANNING THE BOOTH		
ADDRESS		
CITY	STATE/PROVINCE	COUNTRY, ZIP/POSTAL CODE
CONTACT PERSON		TITLE
PHONE	FACSIMILE	E-MAIL

Booth packages

- Single Booth Package \$175** (Eight feet deep x ten feet wide) + **\$65** if 110V electric service is required
 Double Booth Package \$350 (Eight feet deep x twenty feet wide) + **\$65** if 110V electric service is required

Booth package includes drapery sides (three feet high) and back (eight feet high), an identification sign as designated by the exhibitor, one six-foot draped table, and two chairs.

Electrical service

Please indicate your requirements for electrical service: 110V 220V Not needed

There will be an extra charge for electrical service: 110V service is \$65 + 7% Sales Tax. 220V service is priced separately.

General information

- A forklift for unloading and loading only of exhibitor's material will be available on set-up and tear down days.
- Exhibitors may set up exhibits on Wednesday afternoon February 10 from 3:00-6:00 pm or Thursday morning February 11 from 8:30-10:00 am.
- Hours of exhibition will be Thursday February 11 from 11:00 am until 5:00 pm, Friday February 12 from 8:00 am until 9:30 am and on Saturday February 13 from 11:00 am until 4:00 pm.
- Lunch will be served Thursday and Saturday from 12:00 noon until 1:30 pm.
- Exhibitors will tear down beginning at 4:00 pm on Saturday February 13.

Payment information

Please send your completed form with payment (U.S. Currency) **before 9 January 2010**, to:

Meetings Department
International Association of Structural Movers
Post Office Box 2637 • Lexington, South Carolina 29071-2637

Check enclosed (payable to IASM) Charge \$_____ to my:  

ACCOUNT NUMBER	EXPIRATION DATE
CARDHOLDER'S NAME	
SIGNATURE	CREDIT CARD BILLING ADDRESS ZIP/POSTAL CODE

Questions?

Should you have additional questions, please contact IASM Staff Executive N. Eugene Brymer, Voice 803/951-9304, or Facsimile at 803/951-9314, or by E-mail at gbrymer@windstream.net

International Association of Structural Movers

