



# ACA 2010 Annual Meeting

## Exhibit Space Application - Not-for-profit Groups

Show Dates: July 24 - July 27, 2010

Sheraton Hotel, Chicago, Illinois

Company \_\_\_\_\_

Contact Person \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip/Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

E-mail \_\_\_\_\_ Web Site \_\_\_\_\_

### INSTRUCTIONS:

- The rental fee is \$450 per booth.
- Please enclose full payment of the booth cost.
- Make checks payable to **American Crystallographic Assn.**
- Please e-mail a description of exhibit/product for listing in the Exhibitor Show Guide and on the Meeting Web Page (100 words or less) to [rfinneg@aip.org](mailto:rfinneg@aip.org)
- Not-for-profit groups receive **one** meeting registration allowing entry to the scientific sessions. Exhibition representatives who intend to present a lecture or poster must register separately as a meeting participant.

### SOCIAL EVENT TICKETS:

#### YSSIG Mixer - Sunday, July 25

Ticket..... \$20 ... # of tickets \_\_\_\_\_

#### Mentor/Mentee Dinner - Monday, July 26

Ticket..... \$35.....# of tickets \_\_\_\_\_

#### Awards Banquet - Wednesday, July 28

Ticket..... \$60.....# of tickets \_\_\_\_\_

Entree choice(s): \_\_\_\_\_ Beef \_\_\_\_\_ Chicken \_\_\_\_\_ Vegetarian

Please see the Registrar for any special dietary needs.

1. Name \_\_\_\_\_ (included in booth fee)

Additional registrations at \$450 each

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### SPACE SELECTION:

Booth preference: first choice: \_\_\_\_\_  
 second choice: \_\_\_\_\_  
 third choice: \_\_\_\_\_  
 fourth choice: \_\_\_\_\_

### TOTAL CHARGES:

(1) Booth @ \$450 \$ \_\_\_\_\_  
 Additional Registration(s) \$ \_\_\_\_\_  
 Social Event Tickets \$ \_\_\_\_\_  
 Total Amount Enclosed \$ \_\_\_\_\_

### PAYMENT METHOD:

\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AmExpress  
 \_\_\_\_\_ U.S. Check made payable to **American Crystallographic Assn.**

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Name of Card Holder: \_\_\_\_\_

Authorized Signature of Card Holder: \_\_\_\_\_

Exp. Date: \_\_\_\_/\_\_\_\_ Security Code: \_\_\_\_\_ (3 digit number on back of card)

I check this box to agree that it serves as authorization to charge this card

**Mail, email or fax this form with payment to:**  
**American Crystallographic Assn.**  
**P.O. Box 96 Ellicott Station**  
**Buffalo, NY 14205-0096 FAX: (716) 898-8695**  
**[www.AmerCrystalAssn.org](http://www.AmerCrystalAssn.org)**