

**2017 ACA EXHIBIT SHOW  
NEW ORLEANS**



**NOT-FOR-PROFIT  
EXHIBIT SPACE APPLICATION**

**Organization** \_\_\_\_\_

**Address** \_\_\_\_\_

**City** \_\_\_\_\_ **St/Prov.** \_\_\_\_\_ **Zip/Postal Code** \_\_\_\_\_

**Contact Name\*** \_\_\_\_\_ **E-mail** \_\_\_\_\_

**WWW** \_\_\_\_\_ **Phone** \_\_\_\_\_

**INSTRUCTIONS**

- The rental fee is \$550 per booth. Additional booths \$2,200/ea.
- Please enclose full payment of the booth cost.
- Make checks payable to American Crystallographic Assn. and mail check to PO Box 96, Buffalo, NY 14205-0096 or include credit card info on this form.
- 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 [marcia@hwi.buffalo.edu](mailto:marcia@hwi.buffalo.edu)
- 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.**

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

Additional registrations for booth representatives at \$545 each

\_\_\_\_\_

\_\_\_\_\_

*\* Representatives who intend to present a lecture or poster must register separately as a regular meeting participant at: [www.amerCrystalAssn.org](http://www.amerCrystalAssn.org)*

**SOCIAL EVENT TICKETS**

**Networking Mixer - Sunday, May 28**

Ticket \$30 ..... # of tickets \_\_\_\_\_

**Awards Banquet - Tuesday, May 30**

Ticket \$75 ..... # of tickets \_\_\_\_\_

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

**SPACE SELECTION**

**Booth preference:** 1st choice: \_\_\_\_\_ 2nd choice: \_\_\_\_\_  
3rd choice: \_\_\_\_\_ 4th choice: \_\_\_\_\_

**FEES**

(1) Booth @ \$550 \$ \_\_\_\_\_

Additional booths at \$2,200 each \$ \_\_\_\_\_

**Total Booth Fees** \$ \_\_\_\_\_

Additional Registration(s) \$ \_\_\_\_\_

Social Event Tickets \$ \_\_\_\_\_

**Total Amount Enclosed** \$ \_\_\_\_\_

**PAYMENT METHOD**

\_\_\_\_\_ VISA \_\_\_\_\_ MasterCard \_\_\_\_\_ AmExpress

\_\_\_\_\_ U.S. Check 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

**Is the address above the billing address of the credit card?**

Yes  No - provide billing address below:

Inst./Co., \_\_\_\_\_

Street \_\_\_\_\_

City \_\_\_\_\_ St/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_

Country \_\_\_\_\_

**Mail, e-mail 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)**