



## Exhibitor Contract

Complete this form to reserve Exhibit Hall space for the VCI-Group 2010 Annual Conference.  
Be sure to type or print legibly.

<i>Company Name (Type or print exactly as you would like it to appear in conference literature)</i>		<i>Date</i>	
<i>Address</i>			
<i>City</i>	<i>State/Province</i>	<i>Zip/Postal Code</i>	
<i>Country</i>	<i>Tel</i>	<i>Fax</i>	
<i>Pre-conference Contact Name</i>		<i>Title</i>	
<i>E-mail</i>		<i>Website (URL)</i>	

Indicate the person who will be the primary on-site contact.

<i>Contact Name</i>		<i>Title</i>	
<i>E-mail</i>	<i>Phone</i>	<i>Fax</i>	
<i>Mobile/Pager (required)</i>			
<i>Address</i>			
<i>City</i>	<i>State/Province</i>	<i>Zip/Postal Code</i>	

### Exhibitor Package Price

After September 1, 2010

- Alliance Member Package 1 (One booth with 2 personnel registrations) - \$2,950

\*Network is not included in the package price. An order form will be included in your exhibit services kit.

### VCI-Group Booth Assignment

VCI-Group booth assignments are made based on a points system (points are earned based on longevity, date space is reserved, and sponsorship). Please answer the following questions to help us in assigning your company's booth space:

1. Companies that you would prefer not being located near in the exhibit hall: \_\_\_\_\_
2. Companies that you would like to be located near in the exhibit hall: \_\_\_\_\_

**Booth Personnel**

Booth Personnel included in package:

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Additional Booth Personnel (\$590/person or part of package):

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_

**Booth Personnel Event Attendance**

How many booth personnel will attend the Sunday Opening Reception? \_\_\_\_\_

**Conference On-Site Program Description:** Provide a brief (50 words maximum) corporate profile for inclusion in conference literature. *Be sure the description includes the conferencing products and/or services your company provides.* Please email to [info@vci-group.org](mailto:info@vci-group.org).

**Payment**

- All cancellations must be made in writing via email to [info@vci-group.org](mailto:info@vci-group.org) or to the VCI-Group Office at the remittance address below.
- If you cancel on or before September 1, 2010 you will receive a refund minus a \$500 (US) cancellation fee. NO REFUNDS WILL BE MADE AFTER September 1, 2010.
- If you are paying by credit card, please fill in the information below and fax this form to +1 952-929-1318.
- If you are paying by check or money order, please include your payment with this form. Make your check or money order payable in U.S. currency to the Visual Communications Industry Group. Send your remittance to:

Visual Communications Industry Group  
4248 Park Glen Road  
Minneapolis, MN 55416, USA

<b>Method of Payment:</b> <input type="checkbox"/> Bill Me <input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> American Express <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
<i>Card Number</i>	<i>Exp. Date</i>
<i>Cardholder's Signature</i>	<i>Date</i>
<i>Cardholder's Name (please print)</i>	<i>Total payment enclosed or authorized:</i> \$
<i>Billing Address of Credit Card</i>	VCI-Group Federal Tax Identification Number: <b>03-0414338</b>

By signing below, you agree to the above cancellation policy and that your company will comply with VCI-Group Exhibitor Guidelines and Alliance Membership Rules of Engagement and policies in place at the time of the VCI-Group 2010 Annual Conference.

Signature \_\_\_\_\_ Date \_\_\_\_\_