The Command Alkon Customer Conference 2010

www.commandalkon.com

The Command Alkon Customer Conference 2010

September 15 - 17, 2010
The Hilton New Orleans Riverside

Exhibitor/Sponsor Form

- ❍ Yes! We would like to participate. (Choose an Option Below)
- ❍ No. We would not like to participate.

10 x 10 Exhibit Space Pricing

- ❍ **Exhibitor Only - $1,900**
  (One person from your organization will be allowed to attend all break out sessions and functions, including golf. $295 per additional attendee.)
- ❍ **Exhibit and Sponsor - $2,500**
  (Two people from your organization will be allowed to attend all break out sessions and functions, including golf. Special Promotional signage for your company. $295 per additional attendee.)
- ❍ **Sponsor Only (breakfast, lunch, tradeshow, and receptions) - $1,300** (No Exhibit Space Provided)
  (One person from your organization will be allowed to attend all break out sessions and functions, including golf . $295 per additional attendee)

10 x 20 Exhibit Space Pricing

Premium Sponsorship

- ❍ **10 x 20 Exhibit Space - $4,700**
  (Four people from your organization will be allowed to attend all break out sessions and functions, including golf. Special Promotional signage for your company. $295 per additional attendee.)

***90 day advanced written notice of cancellation required.**

****Exhibit fees provide the exhibitor with: either a 10 x 10 or 10 x 20 ft. exhibit space, electrical connections, one skirted table, two chairs and a waste basket.***

Company: _____

Address: _____ City: _____

State: _____ Zip: _____ Phone: _____ Fax: _____

1st Attendee Name: _____ Title: _____ E-Mail: _____

☐ Golf: Handicap _____ ☐ Club Rental: ☐ LH ☐ RH, ☐ Male ☐ Female

2nd Attendee Name: _____ Title: _____ E-Mail: _____

☐ Golf: Handicap _____ ☐ Club Rental: ☐ LH ☐ RH, ☐ Male ☐ Female

3rd Attendee Name: _____ Title: _____ E-Mail: _____

☐ Golf: Handicap _____ ☐ Club Rental: ☐ LH ☐ RH, ☐ Male ☐ Female

4th Attendee Name: _____ Title: _____ E-Mail: _____

☐ Golf: Handicap _____ ☐ Club Rental: ☐ LH ☐ RH, ☐ Male ☐ Female

☐ Check enclosed
(If mailing check separate from form, we must have the check within seven days to hold your exhibit space registration.)

Total Bill Amount:

$_____

☐ Charge my credit card: ☐ Visa ☐ MC ☐ AMEX

Account Number

Exp. Date: _____

Verification Code

Cardholder's Name: _____

Cardholder's Signature: _____ ***(required for credit card orders)***

Please mark down any companies you would not like to be positioned beside in the Exhibit Hall: _____ and _____

Please return completed form to:
Rene Fincher
Command Alkon
1800 International Park Drive
Suite 400
Birmingham, Alabama 35243
or **fax it in at (678) 623 5461**

More exhibitor time with producers than any other industry event!