



EARLY BIRD EXHIBIT BOOTH APPLICATION 2010 ANNUAL CONVENTION AND TRADE SHOW

ILLINOIS STATE VETERINARY MEDICAL ASSOCIATION
1121 Chatham Road, Springfield IL 62704
Phone: 217/546-8381
Fax: 217/546-5633

2010 DATES RETURN TO FIRST WEEK-END OF NOVEMBER

FRIDAY, November 5
through
SUNDAY, November 7

LOCATION RETURNS TO CHICAGO SUBURBS

Westin Yorktown Center
70 Yorktown Center
Lombard IL 60148

EARLY BIRD REGISTRATION INCENTIVES

Applications paid-in-full
by June 30, 2010 receive discounted
rate. Pay \$900 to secure your booth
space (our 2009 price!).
Fee increases on July 1 to \$1,000.

PLUS!

Applications paid-in-full
by June 30, 2010
qualify for a business card
display ad in ISVMA'S
pre-convention issue of the epitome
(\$200 value)
for no extra charge!



**Be an
Early Applicant!
Offer ends
June 30, 2010**

COMPANY NAME as it will appear in Convention materials.

CORPORATE CONTACT PERSON for billing purposes.

Name: _____

Title: _____

Email _____

Phone: _____ Fax: _____

Mailing Address: _____

Mailing City/State/ZIP: _____

REGIONAL AND/OR ON-SITE CONTACT PERSON to receive information on Booth Assignment, Personnel Registration, Exhibitor's Manual, participation deadlines and reminders)

Name: _____

Title: _____

Email _____

Phone: _____ Fax: _____

Mailing Address: _____

Mailing City/State/ZIP: _____

BOOTH SPACE Booth Fee increases to \$1,000 on July 1, 2010.

Booth Size: 10' x 8'

Booth Fee: \$900 each booth space, if paid IN FULL by June 30, 2010.

**A minimum deposit of \$500 for each booth space MUST accompany submitted application(s)
through June 1, 2010. Company will be invoiced and payment in full is expected net 30 days from
date of invoice.**

**Payment in full is expected to receive Early Bird Incentives. Non-payment will result in forfeiture of
incentives.**

BOOTH ASSIGNMENT - CONTACT NAME AND EMAIL ADDRESS

July 1, all paid booth applicants will be contacted for their choice of booth space. A floor layout and option
to provide three preferred spaces will be offered.

CONTACT FOR BOOTH ASSIGNMENT INFORMATION:

Name: _____

Email _____

**I am authorized by my company to contract for exhibit space at the ISVMA Convention
to be held in Lombard IL over November 5-7, 2010. By signing the contract, the Exhibitor
agrees to the terms of payment specified on this contract.**

Authorized Signature

METHOD OF PAYMENT

By Credit Card Forward completed form by fax to 217.546.5633, email to tracy@isvma.org or mail to ISVMA, 1121 Chatham Rd, Springfield IL 62704.

___ VISA ___ MasterCard Remit for payment the amount of \$ _____ to my credit card payable upon receipt.

Cardholder's Name _____ Expiration Date _____

Account # _____ V-Code _____

By Check Make check to ISVMA and forward completed form by mail to ISVMA, 1121 Chatham Rd, Springfield IL 62704.

Payment in the amount of \$ _____ enclosed with application.