



AMTA-Oregon Convention – February 19-21, 2010
Red Lion Hotel/Portland Convention Center

Exhibitor Application

8' Exhibitor
Sales Table
\$400

←OR→

6' Exhibitor
Information Table
\$200
For information distribution only. No sales allowed from Information Table

Exhibit Hall will be held in the Windows Skyroom, 6th Floor
Red Lion Hotel/Portland Convention Center
1021 NE Grand Avenue
Portland, Oregon 97232
(503) 235-2100 Reservations, Web: Redlion.com/conventioncenter

Trade Show Exhibits open Saturday and Sunday, February 20-21, 2010, at 7:30 a.m., and close at 6:30 (Sat) and 7 p.m. (Sun). Each exhibit space is furnished with one 6' or 8' skirted table, two chairs, and one identification sign. Two identification signs will be provided with all shared exhibitor booths/tables. You may provide your own piping and drape. One meal ticket per table will be provided for breakfast and lunch both Saturday and Sunday. Additional meals can be purchased using the Convention Registration form enclosed.

Company Name: _____

Company Product or Service: _____

Official Contact Name & Title: _____

Company Address: _____

Telephone: _____ Fax: _____

E-Mail: _____ Website Address: _____

Names for Badges – please type or print clearly. We cannot be responsible for misspelled names:

1. _____ 2. _____

Special Needs/Requests: _____

Raffle Donations

Exhibitors donating Raffle items and services will be acknowledged in the December issue of *AMTA Oregon News* (if declaration is received by November 1); in the Convention Program (if Declaration is received by January 1); and verbally when the item is raffled. Please declare your raffle donation(s) here (make additional copies of this page for more raffle items):

Raffle Donation (s): _____ Value: \$ _____

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Payment Information (Full payment must accompany Exhibitor Application to apply for exhibitor booth or table)

Number of Exhibit Spaces _____ x \$400 for Sales Table or \$200 for Information Table = Total Due \$ _____

_____ Check enclosed payable to AMTA-Oregon in the amount of US \$ _____

_____ Charge my Visa or MasterCard credit card the amount of \$ _____

Card number _____ Exp. Date _____ V-code _____

Name on card _____ Signature _____

Address where credit card bills/statements are sent _____

Mail this **Exhibitor Application**, along with signed **Exhibiting Terms & Conditions** (reverse), Convention Registration (if additional meal and/or event tickets are needed) and **payment** to: AMTA-Oregon, P O Box 2142, Lake Oswego, OR 97035

See reverse side for **Exhibiting Terms & Conditions** →

For office use only: Paid \$ _____ Visa MC Ck # _____ Exhibitor # _____