



Exhibitor & Vendor Opportunities

Name (Last): _____ (First): _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Are you a member of TACDC? Yes No

Check here if you will join TACDC today, in order to take advantage of the Member rate for the conference. Visit www.tacdc.org, for our membership application.

Check here if you would like Program advertising rates

Exhibitor Setup	Exhibit Hall Open	Exhibitor Tear Down
Wednesday, April 8 3:00 PM to 6:00 PM Thursday, April 9 7:00 AM to 9:00 AM	Wednesday, April 8 2:00 PM to 6:00 PM Thursday, April 9 8:00 AM to 5:00 PM Friday, April 10 8:00 AM to 2:00 PM	Friday, April 10 2:00 PM to 5:00 PM

Exhibit Space includes:

- One 6 foot table
- Two chairs
- Signage space

Please contact the TACDC office for additional exhibitor needs and questions.

Exhibitor Benefits include:

- **One** conference registration (Includes all conference sessions & conference meals)
- Listing in conference Program & Brochures

PAYMENT

- \$ 500.00 **Non-Profit Exhibitor Fee**
- \$ 750.00 **Exhibitor Fee**
- ___ x \$ 200.00 **Additional Attendees**
- \$ 30.00 **Electricity Add-on**

Priority Registration gives you first choice from available exhibit spaces. Priority deadline is February 27th.

Enclosed is my check made payable to "TACDC."

By filling out this section, I am authorizing TACDC to charge my credit card listed below, for the amount written above.

CANCELLATIONS: Cancelled exhibitor registrations are refundable through March 27, 2015 less a \$400.00 cancellation fee. After March 27th, no refunds will be made.

TOTAL AMOUNT

\$ _____

Cardholder Name: _____ Exp (MM/YYYY): _____

Account Number: _____ Billing ZIP: _____

