



## 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](http://www.tacdc.org), for our membership application.

Check here if you would like Program advertising rates

Exhibitor Setup	Exhibit Hall Open	Exhibitor Tear Down
<b>Sunday, March 30</b> 3:00 PM to 6:00 PM	<b>Sunday, March 30</b> 2:00 PM to 6:00 PM	
<b>Monday, March 31</b> 7:00 AM to 9:00 AM	<b>Monday, March 31</b> 8:00 AM to 5:00 PM	<b>Tuesday, April 1</b> 2:00 PM to 5:00 PM
<b>Tuesday, April 1</b> 7:00 AM to 9:00 AM	<b>Tuesday, April 1</b> 8:00 AM to 5:00 PM	

### Exhibit Space includes:

- One 6 foot table
- Two chairs
- Signage

### Exhibitor Benefits include:

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

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

### 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 March 7<sup>th</sup>.**

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 21, 2014 less a \$400.00 cancellation fee. After March 21st, no refunds will be made.

### TOTAL AMOUNT

\$ \_\_\_\_\_

Cardholder Name: \_\_\_\_\_ Exp (MM/YYYY): \_\_\_\_\_

Account Number: \_\_\_\_\_ Billing ZIP: \_\_\_\_\_

