



Non-Commercial Table Contract
Long Beach, California
March 29-31, 2012

Please return this form with payment to the USITT Office
 315 South Crouse Ave, Suite 200, Syracuse, NY 13210
 Fax: 315-463-6525

Company Name
 Stage Expo Representative
 Address

Phone
 Alternate Phone
 Fax
 E-mail of Representative

A. EXHIBIT SPACE DESIRED

Non-Commercial Table

Table Preference

1st _____ 2nd _____ 3rd _____

B. EXHIBIT SPACE CHARGE

EXHIBIT SPACE

\$700 NON-COMMERCIAL TABLE

\$ 700 _____

DISCOUNTS

USITT Contributing member – Deduct 20% \$ _____

USITT Sustaining member – Deduct 15% \$ _____

Total Exhibit Space Charge \$ _____

C. MEMBERSHIP DUES

Contributing membership \$1135 \$ _____

Sustaining membership \$715 \$ _____

Supporting membership \$270 \$ _____

D. Total Payment Due \$ _____

E. PAYMENT SCHEDULE

- **100% of the exhibit space total is required with this application**
- USITT Membership dues and advertising invoices must be current at the time of application and at Stage Expo.

F. SPECIAL CONSIDERATIONS

G. OTHER EXHIBITORS FROM WHOM YOU WISH SEPARATION

H. CONFERENCE PROGRAM INFORMATION

E-mail Listing:

Web Address:

Program Description:

SIGNATURE

Representing the organization listed on this form, I agree to the terms and conditions for exhibit space in the USITT STAGE EXPO EXHIBIT SPACE INFORMATION & REGULATIONS for Stage Expo 2012.

_____ Date: _____

I. PAYMENT

- Check Please make checks payable to USITT, US funds only
 - AMEX card number: _____
 - Discover cvc code: _____
 - MasterCard name on card: _____
 - Visa expiration date: _____
- credit card billing address: _____
- _____

Questions about exhibiting at Stage Expo?
Contact Helen Willard at
hpwillard@aol.com or 800-398-3976

amount: _____