

Application and Contract for Exhibit Space
Environmental and Engineering Geophysical Society
SAGEEP 2020/1st Munitions Response Meeting
March 29-April 1, 2020 Denver, Colorado USA

Company Name _____
 Contact Name _____ Title _____
 Address _____
 City _____ State _____ Zip/Country Code _____
 Country _____ Phone _____ Fax _____
 E-mail _____ Web _____

Individual to receive all information (complete only if different from "contact" above).

Name _____ Title _____
 Address _____
 City _____ State _____ Zip/Country Code _____
 Country _____ Phone _____ Fax _____
 E-mail _____

We hereby apply for packaged* exhibit space in the 2020 SAGEEP exhibition to be conducted on the dates shown above. We understand that upon acceptance, this application becomes a contract, under the terms and conditions set forth herein. [Sign and return the Application, Contract and payment information to the address below.](#)

Name (Print) _____ Authorized Signature _____
 Title _____ Date _____

	*Package 1		*Package 2	
	Standard	Corp. Asso. Members	Upgrade	Corp Asso. Members
	10 X 10 Booth, including 1 table (4' or 6'), 2 chairs, 1 wastebasket, electric, dedicated internet access for 2 and nightly cleaning		10 X 10 Booth Including: 1 Bistro table, 2 Bistro chairs, 1 wastebasket, electric, dedicated internet access for 2 and nightly cleaning	
Booth Package	\$2095	\$2580	\$2120	\$2605
Corner Booth	\$50	\$50	\$50	\$50
Total				

We request _____ 10' x 10' booth(s).

We request a corner booth: [] Yes [] No (Corners will be assigned if available but are not guaranteed)

We request booth #: 1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

We prefer that our space not be adjacent or facing the following exhibitors (understanding such assignment consideration may not be practical): _____

Firms that you DO wish to be near: _____

Booths will be assigned in the order in which contracts are received.

Payment: Full payment must accompany Contract.

Acceptable Credit Cards: MasterCard; Visa; Discover; Amex

Card Number: _____ Exp. Date: _____

Name on Card: _____ CVV# _____

Signature _____ Total: \$ _____

**Scan Contract and e-mail to mickiallen@marac.com OR
 fax to Marac Enterprises, Inc., attention Micki Allen at 905 474 1968.**

Assigned Booth# _____ (**For Society Use Only)