

# 2009 Exhibitor Application

## Association of College Unions International

2009 Region 8 ACUI Conference  
November 13-15, 2009  
Whitewater, WI

Vendor Company Information (Please print or type)

COMPANY

ADDRESS

CITY

STATE/ZIP

PHONE

FAX

E-MAIL

WEB SITE

Contact Information (Please print or type)

PRIMARY COMPANY CONTACT

CONTACT TITLE

ADDRESS

CITY

STATE/ZIP

PHONE

FAX

E-MAIL

I prefer to be contacted via:  email  telephone  post

DESCRIBE YOUR COMPANY'S PRODUCT/SERVICE IN 50 WORDS OR LESS (MAY BE USED FOR PUBLICATION):

### EXHIBIT SPACE SUPPLIED WITH ONE 6'x30" TABLE, PIPE AND DRAPE IN AN 8'X8' SQUARE

VENDOR NEEDS:

- 1 EASEL (first register, first serve basis)
- ELECTRICITY (first register, first serve basis)
- WIRELESS INTERNET NEEDED
- REQUEST FOR FOOD OR PRIZE DRAWING PERMISSION

LIST OF ITEMS TO BE EXHIBITED:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please do not place my booth near: \_\_\_\_\_

- I am interested in attending the Region 8 Conference, please contact me with more information.

For any additional questions regarding vendor space, please contact :

Barb Sigler at 262-472-1171 or e-mail at siglerb@uww.edu or Melanie Floyd via e-mail at floydmj28@uww.edu.

BOOTH RENTAL RATES:

\_\_\_ ACUI MEMBERS: \$300

\_\_\_ NON MEMBERS: \$400

PLEASE CHECK ONE OF THE PAYMENT PLANS AVAILABLE:

\_\_\_ Full booth rental is enclosed. Checks should be made payable to ACUI Region 8

\_\_\_ Charge full booth rental to my charge card.

Master Card/Visa/American Express # \_\_\_\_\_

Billing Address \_\_\_\_\_

Name as it Appears on Credit Card (Please Print) \_\_\_\_\_

Signature \_\_\_\_\_

My signature below indicates that my company understands and agrees that this application is subject to the conditions outlined in the 2009 ACUI Expo Terms and Conditions accompanying this application and in accordance with the stated booth rental fee; that space assigned by ACUI staff shall be acceptable; that aforementioned conditions incorporated by reference; that product descriptions provided on this form are those that are planned for our exhibit; and that any changes must be received in writing by ACUI prior to the exhibition opening on Saturday, November 14, 2009.

Authorized By \_\_\_\_\_

Title/Date \_\_\_\_\_

MAIL OR FAX THIS APPLICATION AND PAYMENT TO:

Association of College Unions International • One City Centre, Suite 200 • 120 W. Seventh St. • Bloomington, IN 47404-3925 • Fax: 812.245.6711

Want to become a member of ACUI and begin taking part in the benefits and perks of membership? Contact Martha Blood at 812-245-8054.