

EXHIBIT SPACE APPLICATION

Company: _____

Address: _____

City/State or Province/Zip: _____

Phone: _____ Fax: _____

Exhibit Contact: _____

Email: _____

Complimentary Registrant Name: _____

Booth Number Request: (refer to floor plan): _____ Number of booths: _____

Companies to be separated from: _____

FEE SUMMARY

ASTA Members

- Table-top US \$800
 Pop-Up Booth US \$1,000

Non-Members

- Table-top US \$1,300
 Pop-Up Booth US \$1,500

Mail or fax registration to:
Hiranthie Stanford, American Seed Trade Association
225 Reinekers Lane, Suite 650
Alexandria, VA 22314-2875
Phone: (703) 837-8140 / Fax: (703) 837-9365

After May 15, 2009, all above fees will increase by \$200.

Cancellation of this booth reservation must be received in writing no later than May 15, 2009 and will be eligible for a refund less a US \$200 cancellation fee. Cancellations made after May 15, 2009 will not be eligible for a refund.

SIGNATURE

I have read and agree to the terms of this agreement: _____ Date _____

PAYMENT Booth reservations must be accompanied by a 50% deposit within 30 days or the space will be released. The balance will be due by May 15, 2009. Prices above are in US dollars.

- Check* Credit Card: Visa Mastercard American Express

*if paying by check, check must be received within 30 days of application. Number: _____ SIC Code _____

Exp: _____ Name on Card: _____

Signature: _____