

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 14, 2010, all above fees will increase by \$200.

Cancellation of this booth reservation must be received in writing no later than May 14, 2010 and will be eligible for a refund less a US \$200 cancellation fee. Cancellations made after May 14, 2010 will not be eligible for a refund.

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the Hotel premises and will indemnify, defend, and hold harmless the Hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any and all such losses, damages, and claims.

SIGNATURE

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

PAYMENT

Both reservations must be accompanied by a 50% deposit within 30 days or the space will be released. The balance will be due by May 14, 2010. 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: _____