

# 2007 Ed Expo Exhibit Space Application & Contract



Please complete this application and send it along with payment to: NSSEA, 8380 Colesville Road, Suite 250, Silver Spring, MD 20910. Fax credit card payments to (301) 495-7386. Receipt of exhibit contract and fees by the deadline does not guarantee exhibit space.

COMPANY

EXHIBIT CONTACT

EMAIL ADDRESS

COMPANY ADDRESS

CITY

STATE

ZIP

PHONE

FAX

WEB SITE

**Please sign:** I have read and agree to comply with the Ed Expo rules and regulations. This application becomes a contract upon assignment of exhibit space.

SIGNATURE

DATE

**Mail Space Confirmation, Exhibitor Service Manual and Other Information to (if different from above):**

NAME

EMAIL ADDRESS

ADDRESS

**Please specify exhibit space (Exhibit space is in 10' x 10' increments):**

Total number of 10' x 10' booths: \_\_\_\_\_ Booth size: \_\_\_\_\_ ft. x \_\_\_\_\_ ft. Booth type:  Linear  Peninsula  Island

Booth Preferences: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_ 5) \_\_\_\_\_ 6) \_\_\_\_\_ 7) \_\_\_\_\_ 8) \_\_\_\_\_

\* NSSEA does not guarantee assignment of preferences listed.

**Main Product Lines:** \_\_\_\_\_

If you wish to avoid being assigned space adjacent to competitors, list those companies below. Every effort will be made to assign space accordingly.

## Nonmembers — Join NSSEA and Save!

Yes, we want to join NSSEA now and save \$600 per 10' x 10' space. In addition, by joining now the \$100 application processing will be waived.

*Please check you dues level according to the volume of gross annual sales of products for educational use only.*

Gross Annual Sales:	Dues Amount:	Primary business:
<input type="checkbox"/> Under \$1,000,000	\$700	<input type="checkbox"/> Manufacturer
<input type="checkbox"/> \$1,000,000 - \$25,000,000	\$1,200	<input type="checkbox"/> Content Publisher
<input type="checkbox"/> \$25,000,000 +	\$1,700	<input type="checkbox"/> Importer/Exporter
		<input type="checkbox"/> Wholesaler Supplier
		<input type="checkbox"/> Service Provider

Year Company Established: \_\_\_\_\_ Year entered school market: \_\_\_\_\_

Percentage of business in the school market: \_\_\_\_\_

FEDERAL TAX ID #

# OF EMPLOYEES

MEMBERSHIP CONTACT

EMAIL ADDRESS

## Staff Use Only

Orig. Faxed \_\_\_\_\_ Ack. \_\_\_\_\_ Processed Sent \_\_\_\_\_ Points \_\_\_\_\_

## Exhibit Space Fees per 10' x 10' space:

Members: \$1,300 Nonmembers: \$1,900 (Fees must accompany application.)

### Payment

Exhibit space: \$ \_\_\_\_\_  
(Total # of 10' x 10' spaces times exhibit space fee)

Membership: \$ \_\_\_\_\_  
(enter 0 if already a member)

Total Amount Due: \$ \_\_\_\_\_

Enclosed is my check payable to NSSEA in the full amount of \$ \_\_\_\_\_.

Or charge to my  Visa  Mastercard  Discover  American Express

CARD NUMBER

EXP DATE

SIGNATURE

**Payments:** Mail to NSSEA, 8380 Colesville Road, Suite 250  
Silver Spring, MD 20910  
or Fax credit card payments to 301-495-7386