

2008 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.

**Priority Booth Assignment
Deadline: September 14, 2007**

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

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

**Send payment to the address above
or fax to 301-495-7386.**