

# EXHIBITOR APPLICATION

## Exhibitor Information

The contact information listed here will be included in the onsite program book.

COMPANY \_\_\_\_\_

COMPANY CONTACT (LISTED IN THE PROGRAM) \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

SHOW CONTACT (FOR SHOW LOGISTICS) \_\_\_\_\_ PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

## Booth Location Request:

Space will be reserved on a first-come, first-served basis. Indicate below your first, second, and third choice booth locations:

1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_

## Innovation Corner Request

Space for the Innovation Corner will be reserved on a first-come, first-served basis. Please indicate your choice below.

Monday, September 12

- 7:35 a.m. – 7:55 a.m.
- 10:05 a.m. – 10:25 a.m.
- 12:05 p.m. – 12:25 p.m.
- 12:35 p.m. – 12:55 p.m.
- 3:05 p.m. – 3:25 p.m.

Tuesday, September 13

- 7:35 a.m. – 7:55 a.m.
- 10:05 a.m. – 10:25 a.m.
- 3:05 p.m. – 3:25 p.m.

## Exhibiting Options and Rates:

Exhibit booth fees	On or before July 11	After July 11
<input type="radio"/> Member Rate	<b>\$1,800</b>	<b>\$2,300</b>
<input type="radio"/> Nonmember Rate	<b>\$2,500</b>	<b>\$3,000</b>

## Complimentary Conference Registration(s)

Every exhibitor will receive two complimentary conference registrations. Please provide contact information for your designated complimentary conference registrations.

1. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

2. NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE/PROVINCE, ZIP CODE \_\_\_\_\_

PHONE \_\_\_\_\_ FAX \_\_\_\_\_

E-MAIL \_\_\_\_\_

## Exhibit Only Staff (Limit of 2 Additional Staff)

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

NAME \_\_\_\_\_ E-MAIL \_\_\_\_\_

## PAYMENT

Full payment must accompany application.

### Payment method

Check  Visa  MasterCard  AMEX

Total Amount to be Charged: \$ \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ SECURITY CODE \_\_\_\_\_

CARDHOLDER NAME \_\_\_\_\_

BILLING ADDRESS \_\_\_\_\_

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Please return this form with payment to WasteReuse:  
1199 North Fairfax St., Suite 410 Alexandria, VA 22314  
Fax: (703) 548-5085