

# 2011 | GOVERNMENT COMMUNICATIONS EXPO

May 10 - 11, 2011 ✨ Crowne Plaza Hotel – Riverfront ✨ St. Paul, Minnesota



**Exhibit Space Contract ✨ Exhibit Dates: May 10 - 11, 2011**

**(Full payment must accompany contract.)**

Company Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Company Web Site: \_\_\_\_\_

Name of Booth Coordinator: \_\_\_\_\_

*(Booth coordinator is the individual who will receive all further exhibitor correspondence.)*

Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_ Fax Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

**On-Site Representative(s)**

1st Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

2nd Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

3rd Name: \_\_\_\_\_ Title: \_\_\_\_\_

Email: \_\_\_\_\_

**Exhibit Description (50 words max)**

Email this description to **wise@nagconline.org** or include as a separate document submitted with Exhibit Space contract by April 17, 2011. Anything over 50 words will be formatted at the discretion of the designer.

**Space Selection**

Booths are 10' x 10' and are assigned on a first-come, first-served basis, accompanied by payment. All effort will be made to comply with exhibitor's location preferences. Please indicate your ranked choices. (Floor plan with booth choices on back page.)

1st Choice	2nd Choice	3rd Choice	4th Choice	5th Choice

Item	Non-Member	Member	Tabletop	Quantity	Subtotal
<b>10' x 10' Booth</b> (includes 1 Representative)	\$1050	\$900	\$750		
<b>Additional Exhibit Representatives</b>	\$150 ea.	\$150 ea.			
<b>Blue Pencil &amp; Gold Screen Awards Banquet Ticket</b>	\$50 ea.	\$50 ea.	\$50 ea.		
				<b>TOTAL</b>	

## Payment

Full payment is required at the time of application.

Check (Payment must accompany this application. Please make check payable to NAGC.)

Credit Card Type:  AmEx  MasterCard  Visa

Card Number: \_\_\_\_\_

Exp. Date: \_\_\_\_\_ Customer ID:\* \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Total Amount Charged: \$ \_\_\_\_\_

\*(AmEx: 4 digit number on front of card; MasterCard and Visa: 3 digit number on back of card.)

Name (as appears on card): \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## Cancellation

All cancellations must be submitted in writing. No refunds for cancellations received after April 17, 2011.

## Submission Instructions:

Complete forms and choose one of the following methods for submission.

- For credit card payments, fax to **703.241.5603**
- For check or cashiers check payments, mail form and payment to  
**NAGC, 201 Park Washington Court Falls Church, VA 22046**

**Questions? Contact Kristina Wise at 703.538.1787 x 1704 or wise@nagconline.org**