

Exhibit Application

APPLICATION MUST BE COMPLETED IN FULL BY THE EXHIBITOR

Payment Schedule:

A 50% non-refundable deposit must accompany application. Remaining balance is due 26 August 2016. If cancellation is received before 26 August 2016, only the non-refundable deposit will be retained by MS&T. Exhibitor cancelling after 26 August 2016 is liable for the total space rental fee.

Rental Rate:

10' x 10' In-line Booth — US\$3,050
Corner Booth Surcharge — US\$100

For Career Pavilion sponsorship information, contact your MS&T representative or visit matscitech.org.

Booth Selection:

Please indicate booth choices in order of preference.

Booth Number(s)

1st Choice _____

2nd Choice _____

3rd Choice _____

Competitors:

Please list all companies that you DO NOT WANT to be located near. MS&T will make every effort to comply with this request.

The above 10' x 10' exhibit space rentals will include:

Draped 8' back wall and 3' side rails, 7" x 44" B&W ID sign, digital complimentary exposition passes, general security, company and product listing in show directory, list of registrants, and one (1) full technical conference badge per paid 10' x 10' booth space rental. Exhibitor booth personnel badges are free and unlimited. Registration instructions will be included in the exhibitor manual.

matscitech.org

For more information, contact

The American Ceramic Society – Mona Thiel

Phone: +1.614.794.5834
mthiel@ceramics.org

Association for Iron & Steel Technology – Cate Davidson

Phone: +1.724.814.3092
cdavidson@aist.org

ASM International – Christina Sandoval

Phone: +1.440.338.5422
christina.sandoval@asminternational.org

The Minerals, Metals & Materials Society – Caron Gavrish

Phone: +1.724.814.3140
cgavrish@tms.org

PLEASE PRINT CLEARLY

Official Company Name: _____

Company Name: _____

(Will appear as above on all pertinent exhibitor listings)

Note: If "The" is the first word of the company name, we will alphabetize by the second word of the company name.

Street Address: _____

City: _____ State/Province: _____

ZIP/Postal Code: _____ Country: _____

Website: _____

Contact Person for All Correspondence and Service Manual:

Name: _____

Title: _____

Phone: _____

Fax: _____

Email: _____

Sales and Marketing Manager: _____

Exhibitor Authorized Signature: _____ Date: _____

Payment Information:

Check enclosed for US\$ _____ *(check payable to MS&T, c/o AIST)*

Charge my credit card US\$: _____    

Credit Card Number: _____

Exp. Date: _____

Name of Cardholder: _____

(Please print)

Signature: _____

Please mail payment to: Doreen Cary
AIST/MS&T 2016
186 Thorn Hill Road
Warrendale, PA 15086

Or fax this form with payment information to Doreen Cary at +1.724.814.3005

For Use by Exposition Management Only

This contract is accepted and assigned booth number _____,

size _____ sq. ft., at a cost of US\$ _____

plus corner _____.

Deposit of US\$ _____ is hereby acknowledged.

Accepted by

Date