



2010 Association of Surgical Technologists 41st Annual National Conference

Gaylord Texan, Grapevine, Texas
State Assembly Marketplace, May 27–28, 2010

STATE ASSEMBLY MEMBERS MARKETPLACE APPLICATION

State Assembly _____

Contact _____ Title _____

Address _____ City _____ State _____ Zip _____

Phone _____ Email _____

Products (please list each product on sheet provided): _____

MARKETPLACE DATES AND TIME: Thursday, May 27, 1–4 pm; Friday, May 28, 10 am–1 pm

TABLE SET-UP: Only 4 Representatives allowed at one time. All representatives must wear Marketplace buttons, which are available at registration. Wednesday, May 26, 5–6:30 pm; Thursday, May 27, 11:50 am–1 pm.

TABLE DISMANTLE: Friday, May 28, 1–3 pm. Any items left after 4 pm will be discarded.

TABLE LOCATION: Assignment will be made by Teri Yarborough and mailed, faxed or emailed to you.

TABLE SIZE: 6'

APPLICATION FEES AND DEADLINES: The charge for the assigned table space is \$100 per table, due with this application. Application due date is April 1, 2010. No onsite table space will be available for purchase.

MAIL APPLICATION WITH PAYMENT TO: Association of Surgical Technologists, Attn: Teri Yarborough, 6 West Dry Creek Circle, Littleton, CO 80120. If preferred, complete the credit card information on this form and fax it back to Teri Yarborough at: Fax: 303-694-9169 Phone: 303-325-2509 Email: teri.yarborough@ast.org

Credit Card: VISA MC AMEX Card Number _____ Exp Date _____

Billing Address _____ City _____ State _____ Zip _____

Cardholder's Signature _____ Print cardholder's name _____

All provisions in the Exhibitor Prospectus and the Rules and Regulations and any written addendum to the rules and regulations apply to this contract. Representative must further agree to all the conditions. Each representative is responsible for ensuring that all its staff are in compliance with these policies under which space at Caesars Palace is leased to the Association of Surgical Technologists. A copy of those terms and conditions is included with this contract.

Authorized Signature _____ Date _____

Print Name _____ Title _____

Retain a copy for your records. Incomplete applications will not be processed.