



EXHIBITION APPLICATION AND CONTRACT

AMERICAN CHEMICAL SOCIETY

59TH SOUTHWEST REGIONAL MEETING

October 25-28, 2003

**The Westin Hotel
Oklahoma City, OK**

In accordance with the Rules and Regulations provided, I (we) hereby apply for exhibit space in the Exhibition Area at the 59th Southwest Regional ACS Meeting (SWRM 2003) at the Westin Hotel, Oklahoma City, OK, and have indicated our preferred table location.

Please indicate the desired table location by using the numbers on the attached floor plan and list them in order of preference (first, second, and third choice).

First Choice: _____ Second Choice: _____ Third Choice: _____

SWRM 2003 will honor the choice of space indicated above in the order that contracts are postmarked. In the event that your preferred spaces have already been assigned, SWRM 2003 reserves the right to assign the closest available space.

Please indicate the type of exhibitor:

Corporate or Government (\$500): _____ Academic (\$250): _____

A check for the appropriate amount, or complete credit card information must accompany this application. Checks should be made payable to "ACS-SWRM03". Please indicate "Exhibitor" on the check.

Each exhibitor will be provided, on request, a web link from the Exhibits page of the SWRM 2003 website to the exhibitor's website. The corporate logo can be used for this link. Corporate and government exhibitors will receive two complimentary registrations for the meeting; academic exhibitors will receive one complimentary registration.

The fee for exhibit space does not include telephone or internet connections for exhibitors. These arrangements may be made directly with the Westin Hotel, One North Broadway, Oklahoma City, OK, 73102, (405) 235-2780, www.westinokc.com.

Firm Name _____

Contact Person _____

Address _____

Address _____

Address _____

Phone _____ Fax _____ E-mail _____

Company website (URL) to be linked to SWRM 2003 exhibits page:

Name(s) of representative(s) who will receive complimentary conference registration:

1. _____ 2. _____

CREDIT CARD PAYMENT:

Card type (circle one): Visa MasterCard American Express

Card Number _____ Expiration Date _____

Cardholder's name (please print): _____

Cardholder's signature: _____

To further the promotion and publicity of the Exhibition, I (we) authorize SWRM 2003 to use our attached description of products and/or services. (Please provide no more than 50 words on a separate page with a company header).

I have read and agree to abide by the Rules and Regulations for the SWRM 2003 Exhibitors:

Signature _____ Date _____

Print Name _____ Title _____

Send the completed form along with a check by **August 15, 2003**. Your company will be listed on the SWRM 2003 website under Exhibitor's Information within a few days of receipt of the signed contract and payment. Exhibition space is not guaranteed until we receive your payment for the full amount. You will be notified of your table assignment within 10 days of receipt of the signed contract and payment.

Send completed contract to:

Dr. Jim Dechter
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Edmond, OK 73034

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