

EXHIBIT BOOTH RESERVATION CONTRACT

Associate Member Rate: \$350.00

Non-Member Rate: \$450.00



October 9-10, 2017

Louisville, KY

Company Name/ Organization: _____

(As you wish to be listed in the program)

We will be exhibiting: _____

CONTACT INFORMATION:

Designate the person who is to receive all relevant exhibit materials, booth confirmations and updates.

Company Representative _____ Title _____

Address _____ Company's Web Address _____

Phone _____ Fax _____ Email _____

Booth Location

All booths are assigned on a first-come , first- served basis. Specifying booth location does not guarantee their availability.

Choice 1: _____ Choice 2: _____ Choice 3: _____ Choice 4: _____

List any organizations that you wish to not be located near: _____

Authorized agent for exhibiting company:

Signature _____

Title _____

Date _____

Complete this form and return to:

Karen Mucci

Kentucky Broadcasters Association

101 Enterprise Drive

Frankfort, KY 40601

Phone: (502)848-0426 Fax: (502)848-5710

Email: karen@kba.org

BOOTH RESERVATION DEADLINE SEPTEMBER 15

Method of Payment:

- Check made payable to Kentucky Broadcasters Association
- American Express
- Visa
- MasterCard
- Discover

Credit Card Number _____ Vcode: _____ Expiration Date _____

Signature _____

Name as it appears on card _____