



CONEXPO-CON/AGG | IT & BUSINESS SOLUTIONS PAVILION

Sponsored by the Associated General Contractors of America



EXHIBIT SPACE APPLICATION & CONTRACT

EXHIBITOR INFORMATION - List company name **EXACTLY** as you wish it to appear on all lists, mailings, promotional materials, etc.

Company Name: _____ Indicate Country location of Corporate Headquarters: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Street Address (if PO Box is used above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Website Address: _____

PRIMARY CONTACT PERSON REGARDING SHOW INFORMATION

Mr. Ms. First Name: _____ Last Name: _____ Title: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Street Address (if PO Box is used above): _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Direct Email: _____

MARKETING/PR CONTACT REGARDING SHOW INFORMATION

Mr. Ms. First Name: _____ Last Name: _____ Title: _____

Email: _____

EXHIBIT SPACE REQUEST - The maximum exhibit space sizes per company and division(s) is 40,000 square feet

EXHIBIT SPACE RATES
The exhibit space rates are determined by total square footage.

EXHIBIT STAND

_____ X _____ = _____ SF @ \$ _____ per SF = \$ _____

| RATE | INDOOR (200 SF OR LESS) | INDOOR (201 SF OR MORE) |
|-------------------|-------------------------|-------------------------|
| AGC Pavilion Rate | \$34.50 | \$32.00 |

PAYMENT SCHEDULE & INFORMATION

Exhibit Space Payment Information

A deposit of 50% of the total cost of the exhibit space requested is required with this application and will apply to the cost of the space assigned.

Applications are not valid without the required deposit.

- Final 50% of your total assigned exhibit space must be postmarked on or before September 30, 2010

Applications received on or after September 30, 2010 must be accompanied by 100% payment of the exhibit space cost.

Payment Calculations

\$ _____ Exhibit Space Deposit
 \$ _____ Online Exhibitor Directory Listing (\$99)
 \$ _____ Equipment Data Associates (\$295) - OPTIONAL
 \$ _____ Grand Total Enclosed

Online Exhibitor Directory Listing (\$99) - MANDATORY

Includes complete company contact information, company logo, product category listing(s), and document sharing. For more information and listing upgrade options, contact the Exhibit Sales Department at exhibitsales@agc.org

Equipment Data Associates (EDA) (\$295) - OPTIONAL

Obtain the financed buying history by company through the service EDA provides. EDA's market intelligence provides unmatched access to the detailed purchasing history of equipment buyers.

Make all checks payable to CONEXPO-CON/AGG 2011. Payments must be made in U.S. dollars with a check or bank draft payable through a U.S. bank. **Credit cards are not accepted.** The deposit along with a copy of this application should be sent to: AGC of America, Attn: Exhibit Sales, 2300 Wilson Blvd., Suite 400, Arlington, VA 22201

ACCEPTANCE - We the undersigned, hereby apply for a license to use CONEXPO-CON/AGG 2011 exhibit space. We understand the upon acceptance, this application becomes a contract upon terms and condition mutually agreed to by the parties. In making this application, we agree to exhibit under and comply with the CONEXPO-CON/AGG 2011 Rules and Regulations and any amendments thereto, and the terms in all space assignment letters sent to us, all of which are made part of this agreement. This agreement shall bind the parties hereto, and their respective permitted successors and assigns. For Rules and Regulations visit www.conexpoconagg.com

Fax, Email, or Mail this Form to:

Address: AGC of America
Attn: Exhibit Sales
2300 Wilson Blvd., Suite 400
Arlington, VA 22201

Email: exhibitsales@agc.org
Phone: 301-652-5750 (PAI Sales)
Fax: 202-478-2662
Details: www.AGCPavilion.com

Exhibitor Signature: _____ Title: _____ Date: _____

Accepted by Show Management: _____