



# Exhibitor Contract

ASOR 2011 Annual Meeting, San Francisco

Westin St. Francis Hotel, November 16-19

Contact Name and Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

### Agreement Terms:

All terms and conditions of ASOR's 2011 Annual Meeting are agreed upon and enforced by my company signature. We agree to pay for the assigned exhibit space in accordance with the "Exhibitor Rules and Regulations" contained in Attachment A. We agree to abide by all provisions set forth in these terms as a part of this contract between ASOR and the exhibitor.

### Exhibit Space Set-Up:

(See the "Exhibitor Information" sheet for more details.)  
The **Full Table Package** includes: one six foot table with skirt, two chairs, and a wastebasket.

### Phone, Electrical, Shipping Information:

No phone, internet, electric, drayage, etc. is included with the Exhibitor fee. Shipping information will be sent to you by the once a signed contract and payment is received by ASOR.

### Products and Services to be Featured Online and in Annual Meeting Program Book:

Please e-mail the following to Kelley Bazydlo at asorad@bu.edu: company name, url, email, 50 word description, and a high-res logo (.jpg or .tif). Please note that posting to the website will not occur until full payment is received.

### Payment Information:

Please make all checks payable to **ASOR**. Payment must be received by **August 31, 2011**. Send all applications, payments, and any questions to:

Kelley Bazydlo, CMP  
Director of Meetings and Events  
American Schools of Oriental Research (ASOR)  
656 Beacon Street, 5<sup>th</sup> Floor  
Boston, MA 02215  
Phone: 617.353.6576  
Fax: 617.353.6575

### Fees and Payment:

Full Table: \$320 each X \_\_\_ tables = \_\_\_\_\_

Self Serve Table: \$220 each X \_\_\_ tables = \_\_\_\_\_

Sponsorship Level: \_\_\_\_\_

**TOTAL:** \_\_\_\_\_

**Please Note: Exhibitor space is limited.  
Please reserve your space early. Thank You!**

I am enclosing check #: \_\_\_\_\_

I am enclosing PO #: \_\_\_\_\_

### Credit Card Payment:

Visa                       Master Card

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Print Card Holder's Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**I have read and will adhere to ASOR's "Exhibitor Rules and Regulations".**

Signature \_\_\_\_\_

Title \_\_\_\_\_