



Exhibitor Contract

ASOR 2009 Annual Meeting, New Orleans, LA
Astor Crowne Plaza, November 18-21, 2009

Contact Name and Title: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Agreement Terms:

All terms and conditions of ASOR's 2009 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 30, 2009**. 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, 5th Floor
Boston, MA 02215
Phone: 617.353.6576
Fax: 617.353.6575

Fees and Payment:

Full Table: \$300 each X ___ tables = _____

Self Serve Table: \$200 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 AmEx

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 _____