

Exhibitor Contract

ASOR Annual Meeting
The Westin Boston Waterfront | Boston, Massachusetts
November 15-18, 2017



Exhibitor Information

Contact name and title: _____

Company name: _____

Address: _____

City, State, ZIP, Country: _____

Phone: _____ Fax: _____ Email: _____

Agreement Terms:

All terms and conditions of **ASOR's 2017 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 this prospectus. 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 6-foot draped table, 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 posted to the ASOR exhibitor web pages.

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

Please email the following to Arlene Press at asormtg@bu.edu: company name, URL, E-mail, 50 word company description, and a high-res logo (.JPG or .TIF). Please note that the website listing will not occur until full payment is received.

Payment Information:

***Receive a 5% discount with a signed contract and 50% payment by May 15, 2017.** Please make all checks payable to **ASOR**. Payment must be received in full by August 15, 2017. Send all applications, payments, and any questions to:

Arlene Press
Manager of Programs and Events
American Schools of Oriental Research (ASOR)
656 Beacon Street, 5th Floor
Boston, MA 02215
Phone: 857-272-2506

*Please call with credit card information

Exhibit Booth and Sponsorship Packages*:

Full Table: \$390 each x _____ tables = _____

Self Serve Table: \$275 each x _____ tables = _____

Additional Registration: \$195 each x _____ = _____

Platinum Package (\$3,000) _____

Gold Package (\$2,000) _____

Silver Package (\$1,250) _____

Bronze Package (\$650) _____

Technology Sponsorship Package (\$2,500) _____

TOTAL: _____

Payment Method:

Visa Master Card Discover American Express Check

Credit card number _____ CVV # _____ Exp. Date _____

Cardholder's name _____

Address _____

City _____ State _____ ZIP _____

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

Authorizing Signature _____

Date _____