

# ARIZONA WILDFIRE & INCIDENT MANAGEMENT ACADEMY 2010

## APPLICATION & CONTRACT FOR EXHIBITION & CONFERENCE REGISTRATION

### Primary Booth Holder

Company \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 EMAIL \_\_\_\_\_

**Special Needs: Electrical, Audio/Visual, Shipping Needs.**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Secondary Booth Holder

Company \_\_\_\_\_  
 First Name \_\_\_\_\_  
 Last Name \_\_\_\_\_  
 Title \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 \_\_\_\_\_  
 City \_\_\_\_\_  
 State \_\_\_\_\_  
 Zip Code \_\_\_\_\_  
 Telephone (\_\_\_\_) \_\_\_\_\_  
 Fax (\_\_\_\_) \_\_\_\_\_  
 EMAIL \_\_\_\_\_

### Booth designation

**\*Please indicate how you would like your booth sign to read.**

\_\_\_\_\_

\_\_\_\_\_

### Send registration to:

**Fax: 928-771-0407 mail: PO Box 2554, Prescott, Arizona 86302, Email: [libby@azwildfireacademy.org](mailto:libby@azwildfireacademy.org)**

### Exhibits Transaction Summary

Exhibitor Info	Qty	Rate	Totals
Exhibitor		\$350.00	
2 <sup>nd</sup> Person in Booth		Comp	
Additional Booth		\$200.00	
Additional Table		\$35.00 each	
3 <sup>rd</sup> or Additional Person in Booth Breakfast and Lunch		\$15.00 per day	
Outdoor space		\$350.00	
<b>Exhibit Fee Totals</b>			<b>\$</b>

### Indicate Days Exhibiting

Day	Date	Exhibiting
Saturday	March 13	
Sunday	March 14	
Monday	March 15	
Tuesday	March 16	
Wednesday	March 17	
Thursday	March 18	
Friday	March 19	

By submitting the Exhibitor Application and contract, we request space in the Arizona Wildfire & Incident Management Academy March 13-19, 2010. We agree to pay Arizona Wildfire & Incident Management Academy in accordance with the terms and conditions outlined herein and understand that, once accepted by Arizona Wildfire & Incident Management Academy, this document constitutes a valid and binding contract between the Academy and us.

I, the duly authorized representative for the above named company, subscribe and agree to all terms and conditions contained herein.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Enclosed is my check in the amount of \$ \_\_\_\_\_  
 Please charge my:  Visa  Master Card \_\_\_\_\_  
 CC# \_\_\_\_\_ Exp \_\_\_\_\_  
 Name as it appears on credit card \_\_\_\_\_