



EXHIBIT and SPONSORSHIP RESERVATION FORM

FAX	Fax this form to: ICSMA Exhibit/Sponsorship Sales C/O TMS Fax: (724) 776-3770	MAIL	Mail this form to: ICSMA Exhibit/Sponsorship Sales C/O TMS 5700 Corporate Drive Suite 750 Pittsburgh, PA 15237 USA	ASK	Questions? Contact Peter Anderson, ICSMA18 lead organizer, at anderson.1@osu.edu
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Reservation Information

- Yes, I'd like to exhibit at ICSMA18! Quantity of ICSMA18 exhibit tables: _____ at \$3,000 each: _____
The exhibit space rental includes: 6'x30" draped table, two chairs, and one full-conference registration.
- Yes, I'd like to be a corporate sponsor and provide _____ in support to ICSMA18.
Sponsors over \$5,000 will receive sponsorship benefits plus an exhibit table and exhibitor benefits.
 Specific benefits for this sponsorship include: _____

All exhibit/sponsor fees must be paid in full by June 15, 2018. Application for space rental indicates the applicant's willingness to abide by all terms and conditions and general regulations.

Accepted and agreed by:

Contact Person: _____

Company Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Country: _____

Telephone: _____ FAX: _____

E-mail: _____ Web: _____

Signature: _____

Payment

Payment Method (check all that apply):

- Check payable to TMS Please invoice me.

Visa MasterCard American Express Discover

Card Number: _____

Expiration Date: _____

Cardholder Name (Print): _____

Signature _____

Total Amount: _____