



Exhibitor Application

INFORMATION (Please type or print legibly)

Company Name _____ Contact Names _____
Address _____
City _____ State _____ Zip _____
Phone (____) _____ FAX# _____ E-Mail _____
My company will be exhibiting:
Product Description _____

SPACE REQUEST / EXHIBIT AREA SELECTION

Please reserve [_____] sq. ft. of space Choices 1 _____ 2 _____ 3 _____
Do not place me across from or next to the following companies or merchandise:
Company _____ or merchandise type _____

Full payment should accompany forms sent after December 15

SHOW FEES

SSA Member Rate [_____] sq. ft. @ US _____ per sq. ft. Current Member AMOUNT DUE: \$\$ _____
Non-Member Rate [_____] sq. ft. @ US _____ per sq. ft. AMOUNT DUE: \$\$ _____
Booth Fees:
SSA Member: 100 - 499 SqFt: \$24.00 per square foot (Non-members add \$2.00 per square foot)
500 - 999 SqFt: \$22.00 psf
over 1000 SqFt: \$20.00 psf

Booth Package now includes
Carpet, ID Sign, 1X Vacuum and DRAYAGE.

\$1.00 off these rates if FULL payment is received by October 31, 2007.
Credit Card Payments do NOT qualify.

PAYMENTS

A 50% DEPOSIT MUST ACCOMPANY EACH APPLICATION TO BE PROCESSED. Final payment is due December 15, 2007. Exhibit space not paid in full by December 15 is subject to release to any existing waiting list.

Please indicate: [] Full payment - or - [] 50% Minimum Deposit
[] Check enclosed - or - [] VISA [] MasterCard [] American Express
Amount: US \$\$ _____ Card # _____ Exp. Date _____
Make Checks Payable to: Specialty Sleep Association
Authorized Signature _____

OFFICIAL SIGNATURE

I, the exhibitor, have read this contract and agree to enter into this rental agreement upon the terms and conditions and rules and regulations on the reverse side hereof and on all attachments hereto. (Please read reverse side.) The undersigned warrants that they are duly authorized to make this application and enter into this contract on behalf of the business entity named in the Exhibitor Information section above.

Signature _____
Title _____ Date _____
Print Name _____

Complete, sign and return the appropriate copies with payment to:
Specialty Sleep Association
46639 Jones Ranch Road, Friant, CA 93626
Tel (559) 868-4187 FAX (559) 868-4185
E-Mail: tambra@netptc.net Application received: _____

Confirmation
Date: _____
Booth Size: _____
Booth #: _____
Amt. Due: \$ _____

Office Use Only