

53rd Annual Meeting of the APMS Exhibit Booth Form

Contact Information

Contract must be signed by the individual who is responsible for the exhibit.

Print Name: _____ Signature of Acceptance: _____

Exhibit Booth Information

Company: _____

Booth Staffer Name: _____

Exhibit booth fee includes one (1) free meeting registration.

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail Address: _____

Exhibit Booth Fees

Single Exhibit Booth (8'x10') - \$700.00 \$ _____

Other Fees

Non-profit Table - \$0 \$ _____

Total Amount \$ _____

Type of Exhibit

Table Top Screens 8 x 10 Other: _____

Payment Method (Check One)

Check (*Make Payable to APMS, Inc.*)

Credit Card: Visa Master Card American Express

Credit Card Number: _____ Expiration Date: _____

Name as it Appears on Card: _____ Signature: _____

Please Mail, Fax, or Email Completed Form and Payment by June 22, 2013 to:

The Aquatic Plant Management Society, Inc.

P. O. Box 821265

Vicksburg, MS 39182-1265

Fax: 601-634-5502

Sherry.L.Whitaker@usace.army.mil