For SAVIAC use only
RB: _____ DR: _____ SA: _____ DPR _____

Shock and Vibration Information Analysis Center
Marketing & Event Planning
5136 Celestial Way ~ Columbia, MD 21044
301 596-0100 phone ~ 301 596-6400 fax

Application For Exhibit Space

76th Shock & Vibration Symposium

The Royal Sonesta Hotel New Orleans, LA ~ October 30 - November 4, 2005

Option A
$1600

Includes:
- **One (1) 8′ x 8′ Tabletop Exhibit Space**
- **Up to Two (2) Discounted Registrations at $200 off per person**
- **Company Description In September Newsletter**

(Please see guidelines and due date below)

Option B
$2200

Includes:
- **One (1) 8′ x 10′ Booth Exhibit Space**
- **One (1) Included Registration**
- **Up to Two (2) Discounted Registrations at $200 off per person**
- **Company Description In September Newsletter**

(Please see guidelines and due date below)

Date: _____

The company below hereby applies for option _____ , and would like to designate the following booth choices in order of preference:
1st Choice: _____ 2nd Choice: _____ 3rd Choice: _____

Contact the Cavalier Hotel for any additional requirements. Fees associated with additions to booth space will be the responsibility of the vendor.

Organization Information

Company: _____ Web Address: _____
Address: _____
City: _____ State: _____ Zip: _____
Phone: _____ Fax: _____
Exhibit Contact: _____ E-mail: _____
Phone: _____ Signature: _____
Accounting Contact: _____ E-mail: _____

Exhibit Summary: If you plan to be included in our September *Current Awareness* newsletter Exhibitor Highlights and the Conference Program, please provide a descriptive paragraph (of approximately 50 words or less) for publication no later than August 13, 2005. Paragraphs in excess of 50 words are subject to editorial discretion of the SAVIAC staff. There is space on the back of the form to write your description. You may include a sperate document if you prefer.

Sponsorship Opportunities

My organization would be interested in being highlighted by sponsoring the following :

___ $1000 Sponsorship of Coffee Break + 1/4 Page Program Ad
___ $2000 Sponsorship Exhibitor's Luncheon + 1/2 Page Program Ad
___ $3000 Sponsorship of Wednesday Night Social Event + 1 Full Page Program Ad

Please contact Darnise Johnson for any additional/unlisted sponsorship activities you may be interested in.

Payment Information

$___ Check $_____ Invoice Company $____ Credit Card **(circle one)** **Visa** **MC** **AmEx**
Credit Card No. _____ Exp Date: _____
Total Amount: _____ Authorized Signature: _____ Date: _____

Please make checks payable to SAVIAC/HI-TEST Labs, Inc.

PLEASE CONTINUE TO NEXT PAGE

Registration Information

Please enter information exactly as how you would like it to appear on your nametag

OPTION A:
Name of person(s) to apply for discount registration*:
(1) _____ (2) _____
Exhibit Area Only Staff **:
(1) _____ (2) _____ (3) _____

OPTION B:
Name of person included in registration*: _____
Name of person(s) to apply for discount registration*:
(1) _____ (2) _____
"Exhibit Area Only" Staff **:
(1) _____ (2) _____ (3) _____

*** Please have all exhibit staff planning to attend the technical portion of the program fill out a Registration Form, available at www.saviac.org.**
**** "Exhibit Area Only" staff are not charged, but must remain in the exhibit area and may not participate in the Opening Session or the technical portion of the program. If you plan to have more than 3 EAO Staff, please contact Darnise Johnson.**

Priority will be given to applications received by **August 13, 2005**. See below for cancellation policy. Please complete, sign, and fax/mail one copy of this form using the contact information at the top of the first page. Please attention all correspondence to Darnise Johsnson. By registering to exhibit at this event you are agreeing to abide by the rules and regulations of symposium conduct set forth by SAVIAC. These regulations are available for viewing by visiting www.saviac.org.

Exhibit Summary

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Cancellation Policy

All cancellations must be received in writing and submitted to:

Darnise Johnson
SAVIAC Exhibit Contact
5136 Celestial Way
Columbia, MD 21044

or fax request to 301 596-6400. A fee of 50% of booth fee will be charged for cancellations received 60 - 30 days prior to event. Cancellation 29 days or less (after October 2, 2005) will result in forfeit of the entire exhibit fee.