

EXHIBIT DATES: October 29–30, 2019



Organized by Glass Manufacturing Industry Council and Alfred University

Exhibit Application

APPLICATION MUST BE COMPLETED IN FULL BY THE EXHIBITOR

Payment Schedule

A 50% non-refundable deposit is due with the submission of this contract. Final payment is due **October 1, 2019**.

Rental Rate (10-ft x 10-ft booth)

Non-member — **\$1,450**
GMIC member — **\$1,350**

Booth Selection

1st Choice _____
2nd Choice _____
3rd Choice _____

Competitors:

Please list all companies that you DO NOT WANT to be located near. Every effort will be made to comply with this request.

Rental Includes:

- 6-ft skirted table with 2 sides chairs, wastebasket/liner.
- Exhibit area is carpeted.
- 8-ft back wall with black drape
- 3-ft sidewall with black drape
- One (1) standard electrical outlet (500-watt)
- ID sign with company name and Booth number.
- Two (2) Exhibit Only badges for representatives to staff the booth, with the ability to register additional Exhibit Only Personnel for a nominal fee (\$100).
- Complimentary 100-word listing in Online Expo Directory that will appear on www.glassproblemsconference.org.
- Complimentary 100-word listing in the GPC Conference Guide that will be distributed to all registered conference attendees.
- Complimentary 10-word listing in the September/October issue of *Glass Worldwide*. Deadline for submitting listing is **June 28, 2019**.
- An electronic list of all registered attendees (names and addresses only) will be made available approximately 3 weeks prior to and after the conference.

Contact

Should you have any questions please contact:

Mona Thiel

mthiel@ceramics.org
Phone: 614-794-5834

Exhibitor Profile (Company Name as it should appear on all pertinent Exhibitor Listings. If "The" is the first word of the Company name, we will alphabetize by the second word of the Company name).

Full Company Name for listing

Company Address for listing

Company website for listing

Contact Person for all Correspondence and Service Manual

Name: _____
Title: _____
Telephone: _____
Facsimile: _____
E-mail: _____
Address: _____

Sales and Marketing Manager: _____

Exhibitor Authorized Signature↑ _____ Date↑ _____

Payment Information:

Check enclosed for \$ _____ (check payable to The American Ceramic Society in U.S. dollars drawn on a U.S. bank)

Please charge my credit card \$ _____

VISA MasterCard AMEX Exp. Date _____

Credit Card Number _____
CVV _____ (3 or 4 digit number on back)

Signature↑ **Do not send credit card information via email**

Name of cardholder (please print) _____

**IF you are paying by credit card, please fax to 1-614-899-6109
OR call 1-890-4700.**

Please mail payment (check only) to:
The American Ceramic Society
L-2625
P.O. Box 600001
Columbus, OH 43260-2625