



Organized by Glass Manufacturing Industry Council and Alfred University

Hospitality Prefunction 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 **September 29, 2020**.

Rental Rate

Non-member — **\$3,100**
GMIC member — **\$2,700**

Salon Selection

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

Rental Includes:

- Salon is carpeted.
- 6-ft skirted table with 2 sides chairs, wastebasket/liner.
- ID sign with company name.
- Unlimited Expo Only badges for company representatives to staff the salon.
- Complimentary 100-word listing in Online Expo Directory that will appear on www.glassproblemsconference.org.
- Complimentary listing in the GPC Conference Guide that will be distributed to all registered conference attendees.
- Complimentary Listing in the September/October issue of *Glass Worldwide*. Deadline for submitting listing is **June 26, 2020**.
- An electronic list of all registered attendees (names and addresses only) will be made available approximately three 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 1-614-890-4700.

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