

# HOSPITALITY EVENTS: November 6–7, 2023



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 **October 6, 2023**.

### 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](http://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, 2023**.
- 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](mailto: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)

Credit Card Billing Zipcode \_\_\_\_\_

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

Signature↑

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