

ILATSA EXHIBIT/SUPPORTER APPLICATION AND AGREEMENT FORM

Exhibitor: _____
(Agency, Business, or Company)

Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Telephone: _____ **Fax:** _____ **E-mail:** _____

Contact Person: _____

Power Requirements: NO YES Describe: _____

I understand no space will be confirmed without this signed agreement and payment in full. I have read and understand the attached exhibit regulations and agree to the stated conditions, including the scheduled exhibit hours.

Signature: _____ **Date:** _____

Mail this signed and completed form to:

ILATSA
701 Devonshire Drive
Suite 201
Champaign, Illinois 61820

Payment:

I am making payment by check. Please make check payable to: II-ATSA

I am making payment by credit card. Total Amount Authorized to Charge: \$ _____

Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ Security Code: _____

Billing Address for Card: _____

Authorized Card Holder's Name (please print): _____

Authorized Card Holder's Signature: _____