



Fall 2007 College Expos Exhibitor Agreement & Registration

PARTICIPATING INSTITUTION INFORMATION

Institution Name: _____
 Address: _____
 City: _____
 State/Province: _____ Zip/Postal Code: _____
 Country: _____
 Web Address: _____

PRIMARY CONTACT PERSON INFORMATION

Name: _____
 Title: _____
 Phone: _____ Fax: _____
 E-Mail: _____

BOOTH PRICING

\$350 per booth
 \$50 late fee for reservation received after August 23rd for Baltimore or September 10th for Montgomery fair.
 6' or 8' table, chair, signage, and meal for admissions representative is provided with your booth fee

EVENTS

September 23	Baltimore County, MD	Booth Fee	_____
October 10	Montgomery County, MD	Booth Fee	_____
Total Booth Fees			_____

College Expos FEIN # 14-1929023

Method of payment:

Check (payable to College Expos)
 Purchase Order:# _____
 American Express MasterCard Visa
 Credit Card # _____
 Expiration Date _____
 Security Code (on back of card) _____
 Name on Credit Card _____
 Billing address of Credit Card Holder (if different from above) _____
 Signature _____

I have read and agree to all of the registration policies for the College Expo event(s) indicated above. I understand that to receive a refund, I must send my request in writing prior to August 15, 2007.

Signature of Institution Official: _____ Date: _____
 Title of Official: _____

Please return this form with payment to:

College Expos
 14804 Ancroft Court
 Gaithersburg, MD 20878

Credit card & purchase order payments can be faxed to:
 College Expos Fax: 301-576-8500