



# USITT STAGE EXPO

## 2008 HOUSTON

### Booth Contract

Please return this form with payment to the USITT Office  
 315 South Crouse Avenue, Suite 200, Syracuse, NY 13210  
 Fax: 866-398-7488

Company Name  
 Stage Expo Representative  
 Address

Phone  
 Alternate Phone  
 Fax  
 Email of Rep

#### A. EXHIBIT SPACE DESIRED

*Exhibit space is available in 10' by 10' increments.*

Booth Space \_\_\_\_\_ ft X \_\_\_\_\_ ft

#### B. BOOTH PREFERENCE

1<sup>st</sup> \_\_\_\_\_ 2<sup>nd</sup> \_\_\_\_\_ 3<sup>rd</sup> \_\_\_\_\_

#### C. EXHIBIT SPACE CHARGE

Base Cost \_\_\_\_\_ sq ft X \$17 \$ \_\_\_\_\_

##### DISCOUNTS

Contributing USITT member – **Deduct 20%** \$ ( \_\_\_\_\_ )

Sustaining USITT member – **Deduct 15%** \$ ( \_\_\_\_\_ )

Total Exhibit Space Charge \$ \_\_\_\_\_

#### D. MEMBERSHIP DUES

Contributing Membership \$1100 \$ \_\_\_\_\_

Sustaining Membership \$660 \$ \_\_\_\_\_

Organizational Membership \$200 \$ \_\_\_\_\_

**TOTAL PAYMENT DUE** \$ \_\_\_\_\_

## E. PAYMENT SCHEDULE

Full payment of the exhibit space total is required with this application  
USITT Membership dues and advertising invoices must be current at the time of application,  
and at Stage Expo.

## F. SPECIAL CONSIDERATIONS *Please let us know if you plan an unusual booth height, configuration etc.*

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## G. OTHER EXHIBITORS FROM WHOM YOU WISH SEPARATION

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## H. WEB AND CONFERENCE PROGRAM INFORMATION

Email Listing:

Web Address:

Description:

## I. SIGNATURE

Representing the company listed on this form, I agree to the terms and conditions for exhibit space in the USITT STAGE EXPO EXHIBIT SPACE INFORMATION & REGULATIONS for Stage Expo 2008.

\_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

## J. PAYMENT

Check (please make check payable to USITT, US Funds only)

AMEX card number \_\_\_\_\_

Discover name on card \_\_\_\_\_

MasterCard expiration date \_\_\_\_\_

VISA amount \_\_\_\_\_

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**UNITED STATES INSTITUTE FOR THEATRE TECHNOLOGY, INC.**

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