

# Exhibitor Contract and Invoice

## EXHIBITOR INFORMATION

Name \_\_\_\_\_

Organization \_\_\_\_\_ Job Title \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

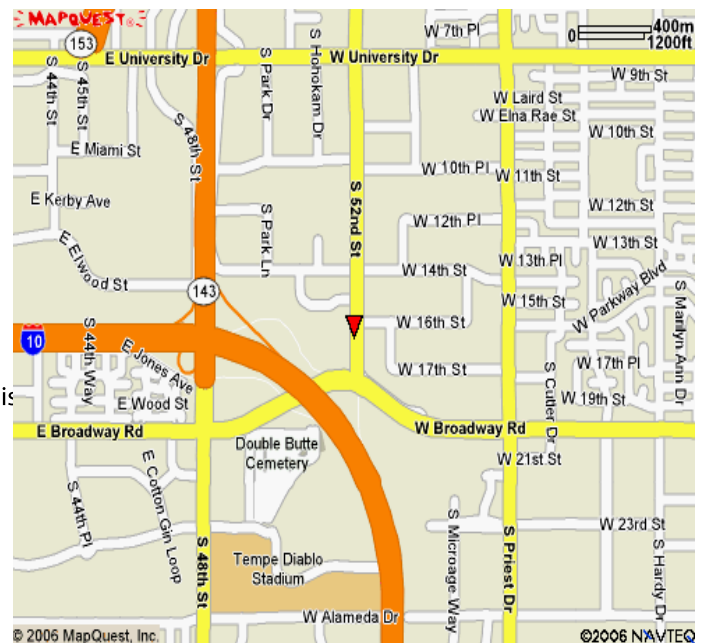
Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Number of Tables \_\_\_\_\_ Number of Exhibitors (Persons) \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Date \_\_\_\_\_

The exhibitor assumes the entire responsibility and liability for losses, damages, and claims arising out of exhibitor's activities on the hotel premises and will indemnify, defend, and hold harmless the hotel, its owner, and its management company, as well as their respective agents, servants, and employees from any such losses, damages and claims.

- ☞ Exhibitor space will be located in the Grand Ballroom
- ☞ Cost for one exhibit space (includes one table and lunch) is \$150  
Additional presenters may attend for a fee of \$25 per person.
- ☞ Provide a description of products being sold below.  
\_\_\_\_\_
- ☞ Space assignments will be determined on a first-come first served basis  
(upon receipt of completed exhibitor form and payment.)
- ☞ Exhibitors are responsible for providing their own signage.
- ☞ Self-parking is available at the hotel at no cost.
- ☞ Setup is at 7:30 am and breakdown is at 5:00 pm



Sheraton Phoenix Airport Hotel Tempe  
1600 South 52nd Street, Tempe, AZ 85281 480-967-6600

## PAYMENT INFORMATION

Acceptable forms of payment are check or money order only.  
Make checks payable to **ASU Univ. Career Women**.  
Check No. \_\_\_\_\_  
Total Payment Amount \$ \_\_\_\_\_

**NO REFUNDS WILL BE MADE**

### Send Payment and Form To:

**Tami McKenzie**  
**University Career Women**  
**PO Box 874902**  
**Arizona State University**  
**Tempe, AZ 85287-4902**

**Phone: 480-965-9389**  
**Email: tami.mckenzie@asu.edu**