

BAACC SUMMIT



BAACC Summit 2010

Hilton Atlanta Airport Hotel
Atlanta, GA
April 29-May 1

Name of Exhibitor: _____

Contact Person: _____ Title: _____

Address: _____

City, State, Zip: _____

Telephone: _____ Fax: _____

Email address: _____

Exhibit Personnel (up to 4 name badges): _____

General Exhibit Package\$175

- Company listing and description in the program
- One 6' draped table and two chairs

Paid BAACC Members..... Or registered for conference..\$125

All exhibitors **MUST** include a 50-word (or less) description of their organization to be printed in the conference program.

Food Function Sponsor – Friday Luncheon.....\$600

Includes the following:

- General exhibit package
- Full page 2 color ad in the conference program
- Acknowledgment at a general session
- Opportunity to tell about your organization at a general session
- One complimentary registration

Full payment of total exhibit package fee is due with this application. Space is assigned in order received. Priority reservations are given to BAACC members.

Advertise in the Conference Program

Full page, B & W.....\$50
 Full page, 4-color ad\$100

Registration Packet Insert.....\$100

Paid BAACC Members.....\$75

Total Enclosed.....\$_____

Exhibit Dates and Times:

Set-up:	Wednesday	7:00 – 9:00 p.m.
	Thursday	7:00 – 9:00 a.m.
Open Hours:	Thursday	9:00 a.m. – 7 p.m.
	Friday	9:00 a.m. – 7 p.m.
	Saturday	8:00 a.m. – 5 p.m.

Agreement

Additional equipment, electricity or other special needs must be arranged for and paid by the exhibitor. BAACC and Orlando Hotel and Convention Center do not have insurance on exhibitor's property. Loss, damage or injury is responsibility of the exhibitor. BAACC has the right to accept/reject any application or reassign those not paid by deadline.

Please make checks payable to AACC and mail to:

AACC
PO Box 739
Forest, VA 24551

If paying by credit card, complete the information below. We accept Visa, MasterCard and Discover.

Visa MasterCard Discover

Cardholder Name: _____

Account#: _____

Exp. Date: _____ / _____

Authorized Signature: _____

Please fax to (434) 525-9478 • Attn: Randy Meetre---Or Call 434-229-8784