

2008 Texas & Four Corners Section: American Physical Society-Joint Meeting

October 17-18, 2008
EXHIBITOR AGREEMENT

Exhibitor Information PLEASE TYPE OR PRINT.

CORPORATION / AGENCY _____

CONTACT NAME _____
LAST FIRST

JOB TITLE _____

MAILING ADDRESS _____

CITY _____ STATE / PROVINCE _____

ZIP / POSTAL CODE _____ COUNTRY _____

PHONE () _____ FAX () _____
E-MAIL REQUIRED FOR CONFIRMATION PURPOSES

MOBILE () _____ E-MAIL _____

NAME(S) OF REPRESENTATIVE(S) _____
WHO WILL ATTEND: _____

SIGN UP TODAY

MAIL form and payment to:

Office of University Relations
1608 Hawthorne St.
El Paso, TX 79902

FAX form and payment to:

(915) 351-0538

Agreement will NOT be processed without payment or purchase order.

Agreement confirmations will be sent via e-mail.

FOR SET-UP INFORMATION

CONTACT:

Frank Montes de Oca III
(915) 747-8274

fmontesdeoca@utep.edu

SUBMISSION DEADLINE
OCTOBER 9, 2008

ON A SPACE AVAILABLE BASIS

SALES POLICY

In accordance with the **UT System Board of Regents Policy**, your company may exhibit and solicit materials in accordance with the following terms: 1) only instructional or educational publications, books, aids, and other materials may be exhibited 2) orders and sales are limited to those educational items directly related to the purpose of the conference.

LIABILITY POLICY

UTEP shall not be liable for any damages or loss of goods, wares, merchandise or other property which may be sustained by an exhibitor. Furthermore, each exhibitor shall be liable for any damages or loss of goods, wares, merchandise or other property which may be sustained by UTEP.

CANCELLATION POLICY

- Cancellations submitted via e-mail to **lchee@utep.edu** prior to the registration deadline will be charged a 30% cancellation fee.
- There will be no refunds for cancellations postmarked after the registration deadline.

FOR CONFERENCE CONTENT INFORMATION CONTACT:

Dr. Eric Hagedorn
(915) 747-7540

ehagedorn@utep.edu

Exhibitor Fees

REGISTRATION ENDS October 9, 2008

♣ **FEES ARE IN U.S. DOLLARS** ♣ Fees include 1 table & chair \$250

PLEASE PROVIDE A BRIEF DESCRIPTION OF MATERIALS / PRODUCTS / SERVICES TO BE EXHIBITED:

EXHIBIT REQUIREMENTS
PLEASE ✓ AS NEEDED

- Need access to an electrical outlet
- Need table covered

Exhibitor Agreement Authorization

NAME _____

TITLE _____

SIGNATURE _____ DATE _____

Payment Information

CHECK PURCHASE ORDER

MONEY ORDER

AMOUNT \$ _____

- Make Payable to: **UTEP-APS Meeting**
- Purchase Orders must indicate exhibitor(s)' name and amount.
- A \$30 fee will be assessed for returned checks.

VISA MC AMEX DISCOVER

CREDIT CARD # _____

EXPIRATION DATE _____

CARDHOLDER NAME _____

SIGNATURE _____

Agreement will NOT be processed without payment or purchase order.

♣ DO NOT SEND CASH ♣

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