Exhibitor Agreement

2020 Annual Conference

Exhibit Dates: February 26 – 29, 2020

CONTACT INFORMATION

Contact Name & email address (please print legibly)

Exhibitor Name(s) for Registration (please print legibly)

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Company or Agency

(As you want it to appear in printed materials and on the booth sign)

Street Address:

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_ Zip: \_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

A deposit equal to half of the exhibitor fee must accompany this application. The remaining half must be made by January 10, 2020, to be included in marketing/conference materials.

**TABLE FEES**

$225/table (number of tables) \_\_\_\_\_ OR,

Sponsor two student conference fees w/ recognition appearing in conference materials. Each table @ $320/table (number of tables) \_\_\_\_\_\_

**PAYMENT**

Please return your payment and completed application to:

COMPA Exhibits

Dr. Kristie Roberts-Lewis

c/o Point University

800 Commerce Dr.

Peachtree City, GA 30269