

ASABE Annual International Meeting

July 13- July 15, 2020

EXHIBITOR AND SPONSORSHIP FORM

Complete all sections of the agreement below. Sign and return the agreement with credit card information or check made payable to ASABE. Payment in full must accompany your agreement and sponsorship opportunities will be confirmed on a first-come, first-assigned basis.

CONTACT INFORMATION

Company Name _____

Contact _____ Contact Email _____

Address _____

City/State/Zip _____

Phone _____ Fax _____

SPONSORSHIP CONFIRMATION

Please note the sponsorship opportunity you are interested in securing.

EXHIBITOR CONFIRMATION

Includes 6 foot tabletop in an approximate 10x10 exhibit area – includes table, 2 chairs, wastebasket and one (1) complimentary conference registration. Please forward a logo and brief description of your company for advertising in the program.

___ Tabletop Exhibit \$1,000

___ Non-Profit & Academic Exhibits \$100

PAYMENT INFORMATION

___ Check ___ Visa ___ American Express ___ MasterCard AMOUNT TO CHARGE _____

Card Number _____ Exp Date _____

Cardholder Name _____

Signature _____ Date _____

TERMS

- Once payment is received, there will be no refunds for cancellation.
- I agree to pay the amount listed above as a sponsorship fee for ASABE 2020
- Facsimile or scanned email copy of this agreement bearing a signature shall be deemed delivery of a signed agreement.

PAYMENT BY CREDIT CARD - Email completed forms to bell@asabe.org.

PAYMENT BY CHECK – Please email the completed form to Jessica Bell at bell@asabe.org, however mail the check with a copy of the registration form to ASABE, Attn: Jessica Bell, 2950 Niles Road, St Joseph, Michigan, 49085.