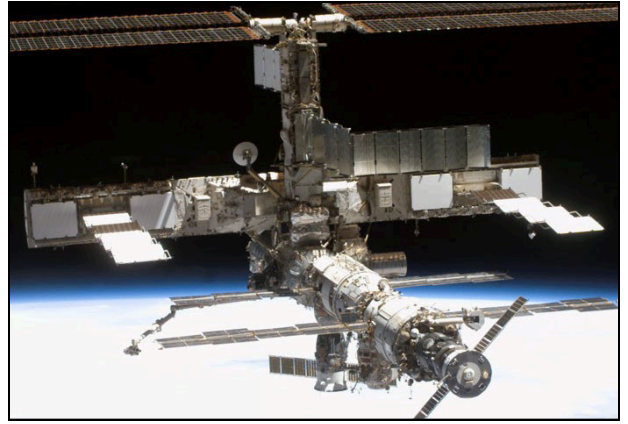


# Space Simulation Conference Exposition



## Show your products to people who buy!

Introduce your services and products to professionals who make key purchasing decisions for dozens of aerospace industries. Reserve your Tabletop Exposition space for the 26th Space Simulation Conference, October 18-21, 2010 at the Doubletree Hotel Annapolis in Annapolis, Maryland. Increase your company visibility with leaders in the environmental sciences community.

## *Don't miss this outstanding marketing opportunity!*

Complete and return the form below TODAY to reserve your tabletop space.

**YES!** Reserve my company's Tabletop Exposition space(s) at the 26th Space Simulation Conference:

\_\_\_ space(s) at \$825 (includes three-day conference registration package)

\_\_\_ space(s) at \$425 (does not include conference registration)

This form shall serve as a formal agreement between IEST and the exhibitor for the Exposition at the 26th Space Simulation Conference, to be held October 18-21, 2010 at the Doubletree Hotel Annapolis in Annapolis, Maryland. **IEST will** provide a skirted 6-foot tabletop for the display. (Fold-out exhibits are permitted as long as they fit within the allowed tabletop dimensions.)

### The exhibitor will:

- set up prior to (October 19), display during (October 19-21), and tear down after the exhibit (afternoon of October 21) at the Doubletree Hotel Annapolis.
- assume responsibility for the safekeeping and proper use of the exhibit materials at all times.
- submit full payment **no later than August 27, 2010**.

NOTE: This form is for the Tabletop Exposition ONLY.  
Registration information will be able soon at [www.iest.org](http://www.iest.org).

Name (Please print) \_\_\_\_\_ Company \_\_\_\_\_

Company mail code \_\_\_\_\_ Mailing address \_\_\_\_\_

City \_\_\_\_\_ State/province \_\_\_\_\_ Postal code \_\_\_\_\_ Country \_\_\_\_\_

Daytime telephone (\_\_\_\_) \_\_\_\_\_ Fax (\_\_\_\_) \_\_\_\_\_ E-mail \_\_\_\_\_

IEST adheres to a strict policy and does not rent, sell, or otherwise distribute fax, telephone numbers, or e-mail addresses. Fax numbers and e-mail addresses will only be used for IEST correspondence. Fax numbers will not be entered into the database without authorized approval. I give consent on behalf of myself and/or my company to receive faxes from IEST.

Authorized signature \_\_\_\_\_

### Charge my credit card (fill in information below).

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ Zip Code of Billing Address: \_\_\_\_\_ CVV2#: \_\_\_\_\_  
( CVV2# is the Last Three digits on back of card. For American Express, four-digit number on front of card.)

Cardholder's name \_\_\_\_\_

Cardholder's signature \_\_\_\_\_

### MAIL OR FAX THIS FORM TO:

Institute of Environmental Sciences and Technology (IEST)  
26th Space Simulation Tabletop Exposition Reservations  
Arlington Place One, 2340 S. Arlington Heights Road, Suite 100, Arlington Heights, IL 60005-4516  
Fax (847) 981-4130

For IEST headquarters use only:  
Application received (date):  
\_\_\_\_\_