

# UNIVERSITY EXHIBIT REGISTRATION FORM

PLEASE PRINT OR TYPE

University Name \_\_\_\_\_  
 Booth Title \_\_\_\_\_  
 Exhibit Manager \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Country \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_  
 Email \_\_\_\_\_

## REGISTRATION OPTIONS

Booth Space (# of spaces):	Cost	Total
<input type="radio"/> University/Student Exhibit Space _____ (indicate # of spaces desired)	\$150/space	\$ _____
<input type="radio"/> OTV/VCR Rental	\$50/space	\$ _____
	Total Enclosed	\$ _____

## PREFERRED BOOTH LOCATION

1<sup>ST</sup> Choice \_\_\_\_\_  
 2<sup>ND</sup> Choice \_\_\_\_\_

## METHOD OF PAYMENT

(Full payment in U.S. dollars is required to reserve space)

Check payable to Utah State University  
 Credit Card (circle one)  
 VISA    MasterCard    Discover    Diners    AMEX

Name on card \_\_\_\_\_ Cardholder Phone # \_\_\_\_\_  
 Card Number \_\_\_\_\_ Exp. Date \_\_\_\_\_  
 Authorized Signature \_\_\_\_\_

\*\*Confirmation and exhibitor kit will be mailed to the exhibit manager.

\*\*Cancellation of space will be assessed a \$25 cancellation fee if written cancellation is received by June 27, 2008. Thereafter, no refunds will be provided for unoccupied space.

The Utah State University Research Foundation reserves the right to cancel this program due to insufficient enrollment and limits its liability to registration refunds only.

**CONTACT** →

Sonya Warner  
 (435) 797-4783 or sonya.warner@usurf.usu.edu

**RETURN THIS FORM TO** →

Small Satellite University Exhibit  
 1695 North Research Parkway  
 North Logan, UT 84341  
 Fax (435) 797-4160

### FOR OFFICE USE ONLY

BJH 6561

Batch Date _____	Initials _____
Participant No. _____	Date Pmt. Rec'd _____
Order No. _____	Check <input type="checkbox"/> business _____
Confirmation Sent _____	<input type="checkbox"/> personal _____
<input type="checkbox"/> Invoice No. _____	<input type="checkbox"/> Cash <input type="checkbox"/> VISA <input type="checkbox"/> MC <input type="checkbox"/> Dis
Cancel date _____	<input type="checkbox"/> Din <input type="checkbox"/> AMEX
<input type="checkbox"/> CR Refunded _____	<b>Total Amt. Rec'd</b> _____