



**Professional Land Surveyors of Ohio, Inc.
Thirty-Seventh Annual Conference
APPLICATION FOR EXHIBIT SPACE**

Application must be made on this form. **Please complete, sign and mail to:**
PROFESSIONAL LAND SURVEYORS OF OHIO, INC. (PLSO)
6465 REFLECTIONS DRIVE, SUITE 100
DUBLIN, OHIO 43017-2353

Information will be taken from this form for your exhibitor identification sign and name badge(s).
We hereby apply for exhibit space for use at the 2012 PLSO ANNUAL CONFERENCE to be held at the Conference Center at Northpointe, Columbus, Ohio on February 8-11, 2012. It is understood that this application, together with the Terms and Conditions for Exhibitors enclosed herein, becomes a contract when signed by the applicant and accepted by the Professional Land Surveyors of Ohio, Inc.

PAYMENT IN FULL MUST ACCOMPANY THIS FORM
MAKE CHECKS PAYABLE TO: **PROFESSIONAL LAND SURVEYORS OF OHIO, INC. (PLSO)**
OR WE ACCEPT **VISA, MASTERCARD OR DISCOVER**

PLEASE PRINT OR TYPE

- 1) Please check the number of booths desired:
- Booth availability: Twenty-one (21) 10' x 10' Single Booths. Each booth will have 3' high drapery on two (2) sides, 8' drapery on the back and an exhibitor I.D. sign. Booths are assigned by PLSO based upon the order of registration and subject to availability at the time of confirmation.
- Single Booth @ \$ 750.00
- or
- Double Booth @ \$ 1,400.00

Preferred location (see enclosed floor plan): 1st _____ 2nd _____ 3rd _____ 4th _____ **Item 1 Total \$** _____

2) We request that our space not be adjacent to or opposite the following exhibits, or other requests:

3) Name(s) of Exhibit Representative(s) and their city and state:

1. _____ 2. _____
3. _____ 4. _____

4) Name(s) for Badge(s), if different from item 3 above (e.g., prefer Jim instead of James):
UP TO TWO representatives may earn CPD Credits during the conference. Indicate with an * below the individuals who are selected to attend classes and earn credits for printing of their certificates.

1. _____ 2. _____
3. _____ 4. _____

5) Up to two (2) daily meal tickets (includes a continental breakfast, mid morning and afternoon break and buffet lunch) per booth per day are provided as part of the Exhibitor's fee. Additional daily meal tickets may be purchased. Please indicate the number of each type of ticket required.

Thursday Daily Meal Ticket _____ 2 Free Tickets Thursday Daily Meal Ticket _____ @ \$60.00 each = \$ _____
Friday Daily Meal Ticket _____ 2 Free Tickets Friday Daily Meal Ticket _____ @ \$60.00 each = \$ _____

Payment for all tickets must be included in the payment submitted with this form. **Item 5 Total \$** _____

GRAND TOTAL (Items 1 and 5) \$ _____

6) We are interested in participating in an Exhibitor Seminar session: Yes No (**Deadline: 08/01/2011**)

7) One (1) skirted eight foot table and two (2) chairs per booth are provided as part of the Exhibitor's fee.

8) Audio Visual, IT, Telephone, Electrical, Boxes & Miscellaneous Requests: **Arrangements will need to be made directly with PLSO if any of these services are required.** Please use the Exhibits Order Form enclosed.

9) Submitted by:

Firm Name _____ Phone _____
(AS IT SHOULD APPEAR ON EXHIBITOR I.D. SIGN) (CONTACT'S PHONE NUMBER)

Name of Contact _____ E-mail _____
(CONTACT'S E-MAIL ADDRESS)

Street Address _____

City _____ State _____ Zip Code _____

(SIGNATURE OF AUTHORIZED INDIVIDUAL) Date _____

Printed Name _____ Title _____

Visa Card Number _____ Name on Card _____

MasterCard Exp. Date _____ Signature of Cardholder _____

Credit Card Billing Address (if different than above) _____

FOR OFFICE USE ONLY:

Date Postmarked _____

Exhibit Space Assigned _____

Amount Paid _____

Date Assigned _____

Check Number _____

By _____

Copy forwarded to Exhibits Committee _____

Yes _____ No _____

Date _____