

APPLICATION AND CONTRACT FOR EXHIBIT SPACE

AFRICAN STUDIES ASSOCIATION
47TH ANNUAL MEETING & EXHIBITION
NOVEMBER 11-14, 2004 New Orleans, LA

YES, we wish to reserve an exhibit space at the 2004 ASA Annual Meeting to be held November 11-14, at the Marriott Hotel in New Orleans' French Quarter. We understand that our firm will be assigned a preferred location in the meeting hall. Please note rates below reflect a 25% increase; the deadline for 2003 rates was September 15, 2004.

\$900 Commercial/University Addl Space at \$625 each
\$775 Charitable Organization (no items for sale) Addl Space at \$525 each

We reserve final conference program advertising as follows:

\$525 Full Page \$300 Half Page \$200 Quarter Page

TAKE ADVANTAGE OF A SPECIAL EXHIBIT / PROGRAM ADVERTISING DISCOUNT PACKAGE

\$1,300 Commercial/University Booth + Full Pg Ad Save \$125.00
\$1,200 Charitable Organization Booth + Full Pg Ad Save \$100.00

Details concerning exhibit location/floor plan, show hours, shipping and travel will be provided in ample time for advance planning.

TERMS:

A non-refundable \$350.00 deposit per exhibit space reserved is due within two weeks of the invoice date. Final payment for exhibit space is due on or before October 15, 2004. Applications received after September 15th will be accommodated on a space available basis. Payment in full is required prior to exhibit installation.

Written cancellations received by the ASA management after September 1, 2004 will be charged the full exhibit space rental fee. Cancellations are not effective until they are received IN WRITING by the ASA management.

Return the application to the African Studies Association, Rutgers Univ./Douglass Campus, 132 George Street, New Brunswick, NJ 08901. Phone: 732-932-8173, Fax: 732-932-3394, asaamc@rci.rutgers.edu

Company

Address

City State Zip

Reserved By Title

Signature

Tel # Fax #

E-mail Website

PAYMENT INFORMATION Method of Payment (Check One) TOTAL PAYMENT: \$ U.S. Funds (amount to be charged)

CHECK PAYABLE TO AFRICAN STUDIES ASSOCIATION VISA MASTER CARD

Credit Card # Expiration

Cardholder Name

Cardholder's Address (if different above)