



The Southeast Recycling Conference & Trade Show

Conference: March 11-14, 2012 • Trade Show: March 11-13, 2012
Hilton Sandestin Beach Golf Resort & Spa • Destin, Florida

EXHIBIT SPACE RESERVATION FORM

Contact Person: _____
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Fax: _____

Electronic Mail (e-mail) Address: _____

Web site: _____

Please complete the following section as appropriate:

Exhibit Booth \$1,495.00, prior to 1/13/12, then \$1,695 there after
(Price includes 2 registrations): _____ X \$ _____ = \$ _____

Additional Representatives (up to 4 @ \$215.00 per person): _____ X \$215 = \$ _____

Total: _____ = \$ _____

Up to four (4) additional representatives from your firm/organization may attend at a reduced registration rate of \$195 per person, persons thereafter may register at the standard conference rate.

Booth Selection: Final booth location will be based on a first-come, first-serve basis by sponsors level then exhibitors. Select five (5) booths in order of preference.

First: _____ Second: _____ Third: _____ Fourth: _____ Fifth: _____

Exhibitor Statement: In fifty (50) words or less tell us about your company for use in our exhibitor insert.

Payment Method:	<input type="checkbox"/> Check (Make checks payable to: SERC)	<input type="checkbox"/> Purchase Order	<input type="checkbox"/> Credit Card
	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX
Credit Card Number:	_____		
Name on Credit Card (Please Print):	_____		
Card Security Code (MC or VISA 3 digit # on back of card : AMEX 4 digit # on front of card):	_____		
Expiration Date:	_____/____/_____		
Billing Address (if differnt than above):	_____		
Signature:	_____		

Please respond by fax, e-mail, or by mail to: SERC
Post Office Box 960
Tallahassee, FL 32302

telephone: (850) 558-0609
fax: (850) 386-4321
e-mail: nicki@acmlc.us



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EXHIBIT SPACE RESERVATION FORM (CONTINUED)

Representative 2

Contact Person: _____ (last name) _____ (first name) _____ (middle initial) _____ Title: (Mr./Ms./Dr.)

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Fax: _____

Electronic Mail (e-mail) Address: _____

Web site: _____

Representative 3

Contact Person: _____ (last name) _____ (first name) _____ (middle initial) _____ Title: (Mr./Ms./Dr.)

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Fax: _____

Electronic Mail (e-mail) Address: _____

Web site: _____

Representative 4

Contact Person: _____ (last name) _____ (first name) _____ (middle initial) _____ Title: (Mr./Ms./Dr.)

Organization: _____

Mailing Address: _____

City/State/Zip Code: _____

Phone: _____

Fax: _____

Electronic Mail (e-mail) Address: _____

Web site: _____

Please respond by fax, e-mail, or by mail to:

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