

UPDATES:
www.gulfisri.com



June 7-9, 2012
JW Marriott San Antonio Hill Country Resort & Spa
EXHIBIT SPACE FORM

EXHIBITORS

Company (Please list all information as it should appear in the convention program): _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Referred by: _____

Contact Name (Print): _____

Contact person will receive all correspondence, invoices and Freeman Exhibition Services Kit.

Signature: _____

Signature allows your contact information to be included in convention program.

BOOTHS

NOTE: Booth assignments will be made on a "first-paid" basis.

We prefer to be located near the following companies: _____

We prefer to NOT be located near the following companies: _____

Booth location choices: First Choice _____ Second Choice _____ Third Choice _____ Fourth Choice _____

See attached Exhibitor Floor Plan.

NAME BADGES FOR TWO COMPLIMENTARY CONVENTION REGISTRATIONS

Badge #1: _____ Badge #2: _____

PAYMENTS

RATES – Check Box (standard single booth size is 10' x 10')

- ISRI Member \$1199.00 (Includes 2 full convention registrations)
- Non-ISRI Member \$1749.00 (Includes 2 full convention registrations)

PLEASE RETURN THIS FORM AND PAYMENT TO: ISRI Gulf Coast Chapter
c/o Wright's Scrap Metals Inc.
P.O. Box 5846
Beaumont, TX 77726-5846
F: 409 842-5914 • info@gulfisri.com

MAKE CHECK OR MONEY ORDER PAYABLE TO: ISRI Gulf Coast Chapter

INSURANCE REQUIREMENTS

All exhibitors **MUST** supply Certificate of Liability Insurance by May 1, 2012. You may fax, email or mail it to Mel Wright at the address to the left.

All General Liability Certificates **MUST** include:

ADDITIONAL INSUREDS:
ISRI Gulf Coast Chapter
JW Marriott San Antonio Hill Country, TX
Special Projx
Freeman Exhibition Services

CANCELLATION We must receive written notice of cancellation. There is a \$150.00 processing fee for all cancellations. No refunds after 4/1/12.

IMPORTANT INFORMATION

Please sign and return this form. You will receive your booth assignment(s) prior to the convention in the mail, by fax or by email. We, the undersigned, have read, understand, and agree to all the provisions on this form.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE DO NOT WRITE IN SPACE BELOW

Application received _____ Exhibit space(s) assigned _____

Total # booths _____ Payment _____