

# LASA2017

Diálogos de Saberes

RETURN THIS APPLICATION TO:

MAIL: LASA Book Exhibit  
416 Bellefield Hall  
University of Pittsburgh  
Pittsburgh, PA 15260  
Questions? Phone: 412-648-7929  
EMAIL: exhibits@maestromeetings.org

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Title: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## BOOTH PREFERENCE

Based on the floor plan and the currently available booths, please provide your top three booth preferences:

First choice	<input type="text"/>	Second choice	<input type="text"/>	Third choice	<input type="text"/>
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## EXHIBIT BOOTH PRICING

	Commercial/University Press	Charitable Organization
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Booth:  \$1,195  \$1,020

Additional Exhibit Space:  \$1,060  \$885

Shared Booth:  \$716

## EXHIBIT BOOTH TOTAL

Booth price \_\_\_\_\_ x No. of Booths \_\_\_\_\_

= Total Booth Price: \_\_\_\_\_

## LASA2017 PROGRAM BOOK

- Full page: \$750     Half page: \$450     Quarter page: \$250  
 Back cover: \$2,025     Inside back cover: \$2,025     Inside Front Cover: \$1,500

TOTAL:	\$: _____
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## COMBINED BOOTH

One Book:  \$100

Additional Book:  \$75

More than five please contact exhibits@maestromeetings.org

"Take One Display":  \$168

## PAYMENT

50% deposit of total booth rental fee is due by December 15 with completed application. Balance of the rental fee is due by February 1 following receipt of invoice. Any cancellation before February 1 will be refunded less a \$350 service fee. Any cancellation after February 1 will not be refunded. Your exhibitor opportunity or advertising confirmation email will outline any additional specifications, deadlines, restrictions, or inclusions depending on chosen item(s).

### PAYMENT METHOD

Check: Please make payable to LASA. Mail to address listed above.

Credit Card: Please charge \$ \_\_\_\_\_

- Visa     MasterCard     American Express

Card # \_\_\_\_\_

Exp. date \_\_\_\_\_

CSV code \_\_\_\_\_

Name on card \_\_\_\_\_

Authorized Signature \_\_\_\_\_

Billing Address \_\_\_\_\_

City/State/Zip \_\_\_\_\_

## AUTHORIZATION

This contract must be submitted with an authorizing signature, agreeing to abide by all terms, conditions, and specifications and committing to the total tallied above. Any questions regarding a specific opportunity in advance of submission may be directed to the LASA Exhibits Manager, contact information above.

Authorized Signature \_\_\_\_\_

Title \_\_\_\_\_

Date \_\_\_\_\_



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