

Company Name:			
Street / P.O. Box:			
City:	State/Province:	Zip:	Country:
Telephone (include area code):		Fax:	
Web Address:		E-mail Address:	

Selling  Non-selling (Selling and non-selling booths will be intermixed on the HMA show floor.)

**Primary Contact/Name Badges**

Primary Contact:	Additional Name #3
Additional Name #2	Booth Sign

For more names, use a separate sheet of paper. Limit 10 names per exhibitor.

# OF BOOTHS						
If payment is made before <b>March 1, 2009</b>	At [1]	\$425.00	[2] \$820.00	[3] \$1215.00	[4] \$1610.00	\$ _____
If payment is made after <b>March 1, 2009</b>	At [1]	\$495.00	[2] \$920.00	[3] \$1345.00	[4] \$1770.00	\$ _____

**Each booth comes with two chairs and an 8-foot x 30" skirted table. No order is required.**

QTY.	ITEM	PER UNIT	\$ _____
_____	Table, 6' x 30", covered, skirted	\$25.00	\$ _____
_____	Table, 6' x 30", not covered, unskirted	\$10.00	\$ _____
_____	Table, 8' x 30", covered, skirted	\$25.00	\$ _____
_____	Table, 8' x 30", not covered, unskirted	\$10.00	\$ _____
(Standard skirting is blue. Other special colors are \$40.00 per booth.) Specify color: _____			\$ _____
_____	Chair, Vinyl, Charcoal Grey	\$5.00	\$ _____
_____	Chair, Lounge, Padded, Blue	\$15.00	\$ _____
_____	Electrical, 120V, 10A	\$125.00	\$ _____
_____	Telephone Connection (does not include long distance charges)	\$195.00	\$ _____
_____	Wireless Internet Connection	\$105.00	\$ _____
_____	Stool, High Bar	\$35.00	\$ _____
_____	Carpet (per booth) <input type="checkbox"/> Blue <input type="checkbox"/> Black <input type="checkbox"/> Grey	\$70.00	\$ _____
_____	Carpet Padding (per booth)	\$20.00	\$ _____
<b>Total Extras (List here)</b>			\$ _____
_____	Other Special Equipment or Services (List below. Prices will be quoted.)		\$ _____
_____			\$ _____
_____			\$ _____
<b>TOTAL</b>			<b>\$ _____</b>

Payment Type:  Credit Card  Check Number \_\_\_\_\_

Credit Card:  VISA  MasterCard

Number: \_\_\_\_\_ Expiration: \_\_\_\_\_ CVV Number\* \_\_\_\_\_

\*The CVV number is the last three on the back of the credit card

Name on credit card: \_\_\_\_\_ Cardholder Zip Code \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Your signature on this form denotes acceptance and understanding of the liability limitations and disclaimer and acceptance of the show rules and regulations.

**Please save a copy for your records and return with check or credit card information to:**

**Trainfest, John H. Tews MMR, Executive Director • Fax: (262) 820-1265**

W231 N7134 Waukesha Ave., Sussex WI 53089 • Phone: (262) 820-3566 • E-mail: john@trainfest.com