

Space Technology & Applications International Forum
STAIF-2008 EXHIBITOR COMMITMENT FORM
FEBRUARY 10-14, 2008

This form serves as your commitment to exhibit at STAIF-2008, February 10-14, 2008. Exhibitors may choose from two different types of booth spaces, Exhibit Hall spaces (LB1-LB3, N1-N3, and C1-C10), and Ballroom E spaces (E1-E14). The cost for each Exhibit Hall space is \$1,300.00 by or before October 26, 2007 and \$1,500.00 after October 26. The cost for each Ballroom E space is \$1,500.00 by or before October 26, 2007 and \$1,700.00 after October 26. All spaces except LB1-LB3 are 8' x 10'. LB1-LB3 measure 29' x 11' each (equal to 4 spaces). Spaces may be reserved in multiples to accommodate larger booths.**

EXHIBIT COMPANY: _____
 Booth Coordinator: _____ Phone: _____ Fax: _____
 Authorized Signature: _____
 Mailing Address: _____
 Billing Address: _____
 Date: _____

Refunds for paid exhibit fees can be issued prior to October 26, 2007 without penalty, refunds after October 26 are available only if we can resell the space. No refunds will be issued after January 18, 2008. All refunds are subject to approval. Paid exhibit registration fees include coffee breaks and a ticket to the awards banquet. Access to technical sessions and a copy of the proceedings are not included. Please list the name of each person staffing the exhibit booth and fill out the complete contact information for each person on the following page. Name tags will be prepared using this information and will be available at the registration desk on Sunday, February 10, 2008.

Name of First Person: _____	@ \$100.00 =	\$
Name of Second Person: _____	@ \$100.00 =	\$
Name of Third Person: _____	@ \$100.00 =	\$
Name of Fourth Person: _____	@ \$100.00 =	\$

No. of booths*: _____ \$

Indicate Preferred Booth(s): 1st choice _____ 2nd choice _____ **TOTAL AMOUNT DUE: \$

**Available booths and booth layout can be found on the STAIF website, <http://www.unm.edu/~isnps/exhibitors/exhibitors.html>.

A check is enclosed Invoice me at the address indicated above (please include PO # if needed)

Checks should be made payable and mailed to the following address:

THE INSTITUTE FOR SPACE & NUCLEAR POWER STUDIES
MSC01-1120
1 University of New Mexico
Albuquerque, NM 87131-0001
PHONE: (505) 277-0446, FAX: (505) 277-2814

First Registrant Information

Mr./Ms./Dr./Prof. _____ Last Name _____ First Name _____
Company _____
Mailing Address _____
City, State, Zip Code, Country _____ Mailstop _____
Phone _____ Fax _____
Email Address _____ Emergency Phone _____

Second Registrant Information

Mr./Ms./Dr./Prof. _____ Last Name _____ First Name _____
Company _____
Mailing Address _____
City, State, Zip Code, Country _____ Mailstop _____
Phone _____ Fax _____
Email Address _____ Emergency Phone _____

Third Registrant Information

Mr./Ms./Dr./Prof. _____ Last Name _____ First Name _____
Company _____
Mailing Address _____
City, State, Zip Code, Country _____ Mailstop _____
Phone _____ Fax _____
Email Address _____ Emergency Phone _____

Fourth Registrant Information

Mr./Ms./Dr./Prof. _____ Last Name _____ First Name _____
Company _____
Mailing Address _____
City, State, Zip Code, Country _____ Mailstop _____
Phone _____ Fax _____
Email Address _____ Emergency Phone _____