

TechXpo 2009 Exhibit Space Application

Corporate Information

Company name

Address

City/State/Zip

Phone

Fax

Website

Contact Information

Contact name

Address (leave blank if same as corporate)

City/State/Zip

Phone

Fax

Email (required)

Email is used to send your confirmation.

Booth Rates

EARLY BIRD RATES until April 24—SAVE \$\$!

First 10' x 10' booth: \$1,950/**\$1,650 ICBM members**

Additional 10' x 10': \$1,450/**\$1,250 ICBM members**

After April 24, 2009

First 10' x 10' booth: \$2,150/**\$1,850 ICBM members**

Additional 10' x 10': \$1,650/**\$1,450 ICBM members**

Booth Preference

Please check type of space preferred:

_____ In Line _____ Island

(NOTE: Island is a minimum 20' x 20' and must be open on all sides.)

Sponsorships

_____ Yes, please send me information detailing sponsorship opportunities.

Show Program Listing

Provide information as you want it to appear in the program. This may be provided separately from space application, but **no later than April 24, 2009. PLEASE PRINT.**

Company Name

Address

City/State/Zip

Phone

FAX

Website

Booth Staff

Product/Service (maximum 50 words)

Enclosed is a check for \$_____ payable to **TechXpo** AND a signed copy of the Exhibit Space Agreement. Send all payments to: **TechXpo**, 2600 Eagan Woods Dr., Suite 200, Eagan, MN 55121