

CORPORATION EXHIBIT SPACE APPLICATION

Oklahoma Municipal League
Annual Conference & Expo

September 12 – 14, 2017 / Cox Business Center

**PLEASE RETURN
NO LATER THAN AUGUST 18, 2017**

This application, together with the **Exhibit Space Contract**, constitutes your firm's agreement to exhibit in the 2017 Annual Conference & Exposition. Your signature below confirms that you, as the authorized contact for the exhibiting firm, have read and agree to fully comply with the terms and conditions stated in the **Contract, Application and Exposition Rules and Regulations**. Please return **one signed copy of both the Exhibit Space Application and the Exhibit Space Contract, with payment in full** of the total exhibit fee, to Oklahoma Municipal League, Attention: April Bradbury, 201 N.E. 23rd Street, Oklahoma City, Oklahoma 73105-3199. **If paying by credit card, you may fax to 405-528-7560 or send by email to april@oml.org.**

Booth Sizes and Fees

<input type="checkbox"/> 10' x 10'	\$ 600
<input type="checkbox"/> 10' x 20'	\$ 775
<input type="checkbox"/> 10' x 30'	\$ 975
<input type="checkbox"/> 20' x 20'	\$ 1,325
<input type="checkbox"/> 20' x 30'	\$ 1,525
<input type="checkbox"/> 20' x 40'	\$ 1,625
<input type="checkbox"/> 20' x 50'	\$ 1,725

If you require a larger booth space, please contact April.

APPLICATION:

Firm _____
Contact Person & Email _____
Booth Manager & Email _____
Mailing Address _____
City/State/Zip _____
Phone _____ FAX _____
Authorized Contact Signature _____ Date _____

If there are certain potential exhibiting companies which you do NOT wish to be placed by, please indicate their names below:

Company Name _____ Company Name _____

PAYMENT PROCESSING: Total Amount Due: \$ _____ (Affiliate & OMSC Partners deduct 15% from booth fee)

Payment Enclosed: Check # _____ Master Card Visa American Express (PayPal Only)

Name (as it appears on your card) _____

Card No. _____ Exp. Date (Month/Year) _____ Security Code _____

(The Security Code for Visa & Mastercard is the 3 digit code on the back; for American Express it is the 4 digit code on the front)

Credit Card Billing Address / Zip Code _____

Signature _____ Email for Receipt _____

CANCELLATION OF EXHIBIT SPACE:

Payment in full must accompany the Exhibit Space Application Form and the Exhibit Space Contract. In the event an exhibitor cancels prior to August 11, 2017, a full refund will be made. On August 11, 2017 and by August 28, 2017, 50% of the booth rental will be refunded. After August 28, 2017, no money will be refunded. All notices of cancellation must be made **in writing** to the OML Exposition Coordinator, April Bradbury.

FOR OFFICE USE

Booth _____ Total Cost _____ Payment Rec. _____ Check # _____ Amt. _____