



EXHIBIT APPLICATION & CONTRACT – ASC 2010 EXHIBITION

August 1 – August 7, 2010 Washington D.C., USA

Please **complete both pages of this form** (type or print) and return to ASC 2010, c/o Centennial Conferences, 917 Front Street, Suite 220, Louisville, Colorado 80027 USA Tel: (001) 303-499-2299 Fax: (001) 303-499-2599 E-mail: asc@centennialconferences.com

EXHIBITING COMPANY/ORGANIZATION (For Signage) _____

Contact Person: _____ Title: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Company Website: _____

Check here if you wish your contact information to be deleted from the *Applied Superconductivity Conference, Inc.*® contact database.

BOOTH REGISTRATION Single Booth, 10'x10' = \$2,350 Double Booth, 10'x20' = \$4,550

FULL CONFERENCE REGISTRANTS

Two complimentary Full Conference registrations and one issue of the IEEE Transactions of Applied Superconductivity are included with each 10' x 10' booth space purchased. Full Conference registrants may attend all technical sessions and social events. **Please indicate which Full Conference registrant is to receive the complimentary issue of the IEEE Transactions of Applied Superconductivity**. Additional issues of the transactions may be purchased. Companies will be invoiced for these additional transactions.

First Name: _____ Surname/Last Name: _____ Badge First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Company Website: _____

For the IEEE Transactions of Applied Superconductivity, the individual listed above would like to:

Receive the complimentary issue. Purchase the issue.

Check here if you wish your contact information to be deleted from the *Applied Superconductivity Conference, Inc.*® contact database.

First Name: _____ Surname/Last Name: _____ Badge First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Company Website: _____

For the IEEE Transactions of Applied Superconductivity, the individual listed above would like to:

ADDITIONAL EXHIBIT REPRESENTATIVE(S)

Receive the complimentary issue. Purchase the issue.

Check here if you wish your contact information to be deleted from the *Applied Superconductivity Conference, Inc.*® contact database.

Additional Exhibit Representatives may register as either Full Conference attendees or as "Exhibit-Only" representatives. The charge for "Exhibit- Only" representatives is \$95.00 per person. "Exhibit-Only" representatives may staff the exhibit booth and attend the Welcome Reception, Exhibit or Reception and Refreshment Breaks. Admittance to technical sessions, the banquet event and an issue of the IEEE transactions of Applied Superconductivity are **not included** in this fee.

Exhibit Representative #1 (Check Applicable box) Exhibit Only - \$95 Full Conference - \$750

First Name: _____ Surname/Last Name: _____ Badge First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Company Website: _____

The individual listed on the previous page would like to purchase an issue of the IEEE Transactions of Applied Superconductivity.

Yes No

Check here if you wish your contact information to be deleted from the Applied Superconductivity Conference, Inc.® contact database.

Exhibit Representative #2 (Check applicable box.) Exhibit Only - \$95 Full Conference - \$750

First Name: _____ Surname/Last Name: _____ Badge First Name: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip/Postal Code: _____ Country: _____

Telephone: _____ Fax: _____ Email: _____

Company Website: _____

The individual listed above would like to purchase an issue of the IEEE Transactions of Applied Superconductivity.

Yes No

Check here if you wish your contact information to be deleted from the Applied Superconductivity Conference, Inc.® contact database.

COMPANY DESCRIPTION AND PRODUCTS OR SERVICES TO BE DISPLAYED:

Please submit your company description (50 words or less) to Centennial Conferences **no later than June 7, 2010** by fax (001-303-499-2599) or by e-mail (asc@centennialconferences.com). This description will be included in the on-site Conference Program Book.

PREFERRED BOOTH NUMBER(S): _____

POSITIONING ON THE SHOW FLOOR:

If you wish to avoid assignment of space adjacent to, or across from, particular companies, please indicate below:

SPECIAL REQUESTS (see prospectus): Will your company have any special requests at the ASC 2010 Exhibition, i.e. cooling water/drain, chemical mixtures, liquid hydrogen, etc.?

Yes No If "Yes", please indicate below and include email confirmation you received from Freeman.:

FEE SUMMARY:

Booth Fee - Total Booth Fee due by May 14, 2010 \$ _____

Additional \$95 "Exhibit-Only" Representatives \$ _____

TOTAL: \$ _____

Please note, any individuals wishing to attend any technical sessions must indicate "Full Conference". Companies will receive an invoice for these registrations. Additional issues of the IEEE Transactions of Applied Superconductivity will also be invoiced. Fees will be available at the web site at the beginning of April.

EXHIBIT APPLICATION & CONTRACT AGREEMENT: We would like to reserve booth space for the ASC 2010 Exhibition, Aug. 1 – Aug. 7, 2010. We agree to abide by the Terms and Conditions governing exhibits set forth in the Exhibitor Application & Contract Agreement and Rules & Regulations, which is made a part of this contract and to all conditions under which exhibit space at the Omni Shoreham Hotel, Washington D.C., is leased to the ASC 2010 Conference.

Authorized Applicants Signature: _____ Date: _____

PAYMENT: Please make a copy of this form for your records and return the original along with payment to ASC 2010, c/o Centennial Conferences, 917 Front Street, Suite 220, Louisville, CO, U.S.A.; or fax to (001) 303-499-2599.

I wish to pay: \$ _____

Check Number: _____ (Please make check payable in U.S. dollars drawn on a U.S. bank to ASC 2010 or VISA Mastercard Discover

Card Number: _____ Expiration Date: _____ Three Digit # (back of card): _____

(If making payment by credit card, please sign the form and either fax completed form to (001) 303-499-2599 or call (001) 303-499-2299 with credit card information.)

I hereby authorize Centennial Conferences on behalf of ASC (Applied Superconductivity Conference, Inc.®) to charge my account for the amount stated above.

Name (as it appears on card): _____ Authorized Signature: _____

Cancellation Policy: If written notice of cancellation is received by May 14, 2010, an administrative fee of 20% of the total booth fee will be retained. Cancellations after May 14, 2010 will result in full forfeiture of the exhibit fee.

Thank you for choosing to exhibit at ASC 2010. We look forward to working with you!