



EXHIBIT SPACE APPLICATION

Annual Meeting of the following Societies:

AFS, ABLs, ASPT & BSA

July 28-31, 2003

Arthur R. Outlaw Convention Center

Mobile, Alabama

Instructions: Type or print the application. Complete all sections. Make a copy for your records.

Sign and return this application including payment-checks made payable to Botany 2003 to: Botany 2003, c/o Botanical Society of America, 1735 Neil Avenue, Columbus OH 43210. Applications received prior to June 8, 2003 must include a **\$250 deposit of the total cost**. The balance of space rental charge will become due and payable on June 8, 2003. Applications received after June 8, 2003 must include **full payment**. Upon assignment of space by Show Management, a booth space confirmation will be mailed to you.

Key Contact

Person/Title _____

This person will serve as your primary Exhibitor contact and will receive the Exhibitor Service Kit for this trade show.

Phone Number _____

E-mail Address _____

The company name, address, phone numbers, fax number and e-mail address shown below will be printed in the Exhibit Guide distributed at the Show. Exhibitors will be listed alphabetically.

COMPANY NAME

STREET ADDRESS

CITY/STATE/ZIP

PHONE NO. TOLL FREE NUMBER

FAX NUMBER

COMPANY WEB ADDRESS

Exhibit Space Rental: The exhibit space is an 8' x 10' tabletop Space. Includes sign, 1-skirted table, and 2 chairs in a carpeted ballroom with a view.

\$950 per booth space
BSA Corporate Sponsors save 20%

Cancellation Policy: No refunds after June 8, 2003

Location Preferences: Exhibits will be located in the East and West Ballrooms of the Mobile Convention Center. Check out the venue at: www.mobileconventions.com. Please indicate if there is another vendor you wish not to be near. _____

Product Information: In 50-100 words, please attach a description of the products/services to be exhibited for the Program Book. We reserve the right to edit copy.

Payment Information

Number of Booths _____

Booth Fee _____

Total Fees _____

Less BSA Corporate Discount 20% _____

Deposit paid if before June 8th 2003 _____

Total Amount due by June 8th 2003 _____

Method of Payment -- Circle One : Credit Card
Check (payable to Botany2003)

In the amount of _____

Card Number _____

Expiration Date _____

Name as it appears on the Card _____

Card Holder's Address _____

Card Holder's Signature _____

We agree to abide by all rules and regulations governing the exposition as printed on the reverse side hereof and which are part of this application. Acceptance of this application by Botany 2003 constitutes a contract.

Date _____

Authorized Signature _____

Title _____

**Any Questions? Call Botany 2003 at 614-292-3519
Or e-mail at johanne@botany.org**