

## APPLICATION AND CONTRACT FOR EXHIBIT SPACE

2023 HI-TEC Conference • July 24–27 • Omni Atlanta Hotel at CNN Center, Atlanta, Georgia

**Exhibit Hall Days: Wednesday, July 26, Thursday, July 27**



After reading this contract and the terms and conditions found on the reverse side, complete the spaces below. Sign and return the entire form to HI-TEC along with your payment. Space will not be reserved and contract will not be processed until payment is received.

If using a credit card, complete the online form at: [www.highimpact-tec.org/exhibitor-2023/](http://www.highimpact-tec.org/exhibitor-2023/)

Exhibiting Organization _____	Exhibit Contact _____	Title _____
Street Address _____	Contact Address _____	
City/State _____ Zip _____	City/State _____ Zip _____	
Telephone _____	Telephone _____	
Fax _____	Fax _____	
Corporate Website URL _____	E-mail Address (REQUIRED) _____	

- Exhibitor hereby makes application for exhibit space at the 2023 HI-TEC Conference.
- Exhibitor understands that this application becomes a contract when signed by Exhibitor and accepted by HI-TEC.
- Exhibitor agrees to abide by the conditions of this contract, including the attached "Exhibit Terms and Conditions."

Indicate choices in order of preference by designating selected booth numbers:

1. \_\_\_\_\_ 2. \_\_\_\_\_ 3. \_\_\_\_\_

**BOOTH IDENTIFICATION SIGN:** Exhibiting Organization \_\_\_\_\_  
City, State \_\_\_\_\_

**CONFERENCE PROGRAM DESCRIPTION:** Please type your exhibitor description of 25 words or less to be used in the conference program and Virtual Tradeshow listing. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PAYMENT:** \_\_\_\_\_ 1 - 8'x10' Booth - \$1,500 \_\_\_\_\_ 2 - 8'x10' Booths - \$2,500

### BILLING INFORMATION:

Organization: (if different than Exhibitor) \_\_\_\_\_ Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

We have enclosed check # \_\_\_\_\_ (payable to HI-TEC Conference) Tax ID 74-2077794

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**Mail contract with payment to: Linda Locke, HI-TEC Exhibit Coordinator, P.O. Box 21689, Waco, TX 76702-1689 • Fax: 254-776-2306**

\_\_\_\_\_  
Authorized Signature Date

For office use only—Booth Assignment  
\_\_\_\_\_