

2007 Winter Conference Booth Reservation Contract

Tampa, Florida • January 20-24, 2007

American Correctional Association
2007 Winter Conference • January 20-24, 2007

Tampa Convention Center
Tampa, Florida • Exhibit Dates: January 22-23, 2007

WE WISH TO RESERVE _____ 10' X 10' BOOTH(S)*
(Quantity)

Please list your 10 selections in order of preference:

1st choice _____ 3rd choice _____ 5th choice _____ 7th choice _____ 9th choice _____
2nd choice _____ 4th choice _____ 6th choice _____ 8th choice _____ 10th choice _____

*The booth rental fee is dependent upon the location of the booth within the Exhibit Hall. See the Exhibit Hall Floor Plan on Insert 4. Please refer to the Exhibit Hall Floor Plan for price information. Booths are 10' x 10' wide, unless otherwise noted on the Exhibit Hall Floor Plan.

Company Name _____
(Name of organization as you wish it to appear in the 2007 Winter Conference Program Book and Exhibit Guide and on exhibitor identification sign. Limited to 26 characters.)

(Street Address) (City) (State) (Zip)

(E-mail address) (Telephone) (Fax)

We will be exhibiting _____
(Product or Service as you wish it to appear in the 2007 Winter Conference Program Book and Exhibit Guide.)

Exhibitors we would prefer to be near _____
(Name) (City) (State)

Exhibitors we would prefer **NOT** to be near** _____
(Name) (City) (State)

** (Please indicate on a separate sheet of paper any other companies you would prefer not to be near. ACA cannot guarantee your company will not be placed adjacent to a competitive firm.)

For exhibitor badge preparation, please list the names and titles of the two company representatives selected to receive complimentary Conference registrations permitting them full attendee privileges to attend all meetings and allowing them access to the Exhibit Hall.

(13) _____
(Names - Limited to 24 characters) (Titles - Limited to 24 characters)

Please also list the names and titles of company representatives selected to receive badges permitting them access to the EXHIBIT HALL ONLY.
(Attach a separate list for additional names.)

(14) _____
(Names - Limited to 24 characters) (Titles - Limited to 24 characters)

Name of person who should receive confirmation of this reservation and future exhibit information:

Name _____ Title _____

(Address, phone number and fax number, if different from above)

We agree to rent the above indicated exhibit booth(s) subject to the American Correctional Association's exhibit regulations, which include all requirements set forth both on this contract form and on pages 6-8 of the accompanying brochure. **Enclosed is our nonrefundable and nontransferable deposit in the amount of \$649 for each booth reserved.** It is understood that space is being contracted on a prime-location basis and the amount of the booth rental fee balance will be dependent upon the location of the assigned booth(s) in the Exhibit Hall. Exhibitors assigned booths other than those requested will be deemed to have accepted those booths unless a written request for change of location is received by ACA within ten (10) days of ACA's dated confirmation of booth assignment. The booth rental fee, less the nonrefundable deposit, is payable upon receipt of invoice. If written cancellation requests are received by ACA on or before **November 10, 2006**, the exhibitor will receive a refund of the booth rental fee less the nonrefundable deposit. After **November 10, 2006**, no refunds of any amount will be made, including the \$145 Virtual Exhibit Hall Floor Plan fee. Exhibitors applying after **November 10, 2006**, must submit the full booth rental fee, none of which is refundable, with their applications. **Companies cannot be listed in the 2007 Winter Conference Program Book and Exhibit Guide unless the balance is paid in full.** Exhibit booths are NOT transferable and cannot be sold, subleased or assigned to another company by the original contracting company. **I hereby represent that I am authorized to submit this Booth Reservation Contract on behalf of my company, that I have read, understand and agree on behalf of my company to be bound by the terms of this contract and the accompanying brochure, that the information provided herein is true, and that I understand that this contract is complete only when accepted by ACA.**

X _____
(Signature of authorized agent for exhibiting company) (Title) (Date)

AMERICAN CORRECTIONAL ASSOCIATION
Attn: Exhibits Manager
206 North Washington, St. • Alexandria, VA 22314
(800) 222-5646: Ask for the Conventions Department
E-mail: sales@aca.org
Web Site: www.aca.org

ACA USE ONLY
Booth No. Assigned: _____
Total Booth Fee: _____
Amount of Deposit: _____ Date Paid: _____
Amount of Balance: _____ Date Paid: _____
Authorized Signature (ACA) _____ Date _____