

**Madison Ballroom at The DeSoto ~ Savannah, GA**

**May 15 - 18, 2018**



*The company name as listed will be used for booth sign, directory, etc. The contact person is also the person to whom all important materials pertaining to the conference will be sent. Please make sure the information is accurate.*

**Exhibit Space Reservation Form**

**Company Information**

Company Name \_\_\_\_\_

Contact Person \_\_\_\_\_ Title \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ E-Mail \_\_\_\_\_ Website \_\_\_\_\_

**Cost** (circle one)

Member

Non-Member

Per Tabletop space

\$1,300

\$1,600

**A nonrefundable deposit of 50% of balance due per tabletop must accompany this reservation form, or follow within 10 business days. Full payment must be received by February 26, 2018.**

Space Requested \_\_\_\_\_ Alternate space if 1<sup>st</sup> choice is unavailable \_\_\_\_\_ (see attached floor plan)

A complete set of the exhibit hall rules and regulations will be sent with your confirmation or upon request.

Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Information**

Total Due \_\_\_\_\_

Check should be made payable to CNU and mailed to:

CNU c/o AHI Meeting Services

P.O. Box 519

116 W Church St (FedEx/UPS Only)

Selbyville, DE 19975

**Completed agreements may be emailed to [courtney@ahi-services.com](mailto:courtney@ahi-services.com)**

**For Additional Information, contact Courtney Blackford:**

**302-436-4375**

Credit Card Payments:
<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> AMX
Card Number _____
Exp. Date _____ Sec Code _____
Payment Amount _____
Signature _____
Date _____