

Date: _____

Exhibitor Registration Form

Company: _____

Contact: _____

Address: _____

City: _____ ST: _____ Zip: _____

Phone: _____



Annual Convention & Trade Show
 The Evansville Convention Center March 4
 - 5, 2010

Please return this completed form to the IOGA office at P. O. Box 788, Mt. Vernon, IL 62864, or fax to 618-242-3418.

Registration Fees:

Exhibitor booth staff will be limited to 4 people. Additional staff will be charged a \$50.00 per person surcharge unless Full Meeting Tickets have been purchased for additional staff members.

Qty:		Totals:
_____	Member Booth @ \$400.00 ea.	\$ _____
_____	Non-Member Booth @ \$500.00 ea.	\$ _____
_____	Additional table w/2 chairs @ \$20.00 ea.	\$ _____
_____	Additional staff @ \$50.00 ea.	\$ _____

All booths will measure 8' x10' and will include 1 table, 2 chairs, table cloth and skirt, as well as back and side draping. Each booth will also have electricity available. Extra tables may be ordered above for an additional charge.

Total Exhibitor Fees: \$ _____

- () *Payment is enclosed*
 () *Please invoice the address above*

No refunds or cancellations after 2/19/10

Booth fees do not include meals. Please order your meal tickets using the enclosed Meeting Registration Form.

Please list the names of those working at your Exhibit, as name badges will be provided.

Please print clearly.

