



Exhibit Space Application

Austin Expo & Tech Forum

[Norris Conference Center](#)

Tuesday, October 13, 2020

COMPANY INFORMATION

Company:		Main Contact:	
Address:			
City:	State:	Zip:	
Email:	Website:	Phone:	

EXHIBITOR COST INCLUDES:

6' Draped Table | Two Chairs | Attendee List | Directory Listing | Company Sign | Lunch
 Fair and limited market share (limited space and marketing collateral for a single representative is limited to 10%)

Early Registration Rates Expire September 18, 2020! SMTA Corporate Members receive reduced rates!	SMTA Corporate Members	Non-Corporate Members	TOTAL: \$ _____
One booth before September 18, 2020	<input type="checkbox"/> \$375	<input type="checkbox"/> \$450	
One booth after September 18, 2020	<input type="checkbox"/> \$475	<input type="checkbox"/> \$550	
Booth Electricity	<input type="checkbox"/> \$50	<input type="checkbox"/> \$50	

MARKETING/SPONSORSHIP OPPORTUNITIES

Onsite Event Guide:	<input type="checkbox"/> \$125-\$200	Sponsorships:	<input type="checkbox"/> \$300-\$700
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ONSITE EVENT GUIDE INFORMATION

Please provide information **exactly** how you would like it printed in the Show Directory

Company Name:				
Address:		City:	State:	Zip:
Phone:	Email:		Website:	
Onsite Show Contact:			Title:	
Company Competitors to Avoid:				

PRODUCT DESCRIPTION

Please provide a 50-word or less product description for the onsite Event Guide. ***Please note: this information can be included on a separate sheet or e-mailed to expos@smta.org (preferred).** Booth sharing will be addressed as follows: One company will get a full company listing. Additional companies will appear in the directory listed by company name and contact information, but no full product description.

SHIPPING ADDRESS FOR PRE-SHOW INFORMATION (if different than above):

Company Name:				
Address:		City:	State:	Zip:
Phone:	Email:		Website:	
Show Contact:			Title:	
Company Competitors to Avoid:				

SHOW PERSONNEL Please print badges for:	1.	2.
	3.	4.
	5.	6.

PAYMENT INFORMATION

<input type="checkbox"/> Charge Credit Card	<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	<input type="checkbox"/> Check Enclosed for Entire Amount (made payable to the SMTA)
Card #:		Exp. Date:		CVV:
Cardholder Name:		Signature:		
Billing Address:			City, State, Zip:	

Please return completed application form to:
 SMTA, 6600 City W. Pkwy., Suite 300, MN 55344
 T: 952-920-7682 | F: 952-926-1819 | E: courtney@smta.org