COMPANY INFORMATION

In applying for space, we agree to abide by the attached Table Top Exhibit Rules and Regulations.

Contact Information	Pro gram Information
Company Name	Company Name
Street Address	Street Address
City State Zip Code	City State Zip Code
Telephone Fax	Telephone
E-mail address	Web Site
Name of Contact	NOTE: The information contained in this column is what will be published in the conference program an d on the web site.
Signature of Authorized Individual	Title

Attach a 100-word description of the products/services that you will be exhibiting. This will appear in the program and on our web site. Descriptions will be edited and should not exceed 100 words.

Payment Information

Table Top Exhibit $ _____

Demo Sponsorship $ _____

Sponsorship with technical presentation $ _____

Total Due $ _____

VISA MasterCard AMEX Check (please make checks payable to VOUG)

Cardholder's Name (Please Print): _____

Authorized Amount: _____ Billing Zip Code: _____

Account Number: _____ Expiration Date: _____

Cardholder's Signature: _____