



Exhibitor Appointed Contractor Association

Directory Listing/Advertising Application

Contact information

<hr/>	
NAME	TITLE
<hr/>	
COMPANY	
<hr/>	
ADDRESS	
<hr/>	
CITY	STATE ZIP
<hr/>	
PHONE	FAX
<hr/>	
EMAIL	WEB ADDRESS

Advertising Space Rates

- Directory Listing free
- Bold Directory Listing \$25
- Half page horizontal \$350
- Full page B&W \$500

Special Positions

- Inside Front Cover add \$450
- Inside Opposite Front Cover add \$400
- Inside Back Cover add \$450
- Back Cover add \$500

Color Rates

- Standard add \$150 per color
- Matched/PMS add \$185 per color
- Four-Color add \$325

TOTAL COST \$ _____

Mechanical Specifications

- Full Page 7" x 10"
- Half Horizontal 7 1/4" x 4 3/4"

Payment Terms: Full payment must accompany all insertion orders.

(continued on reverse)

Service category (please indicate primary [1] and secondary [2] service categories if applicable. Limit two.)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> AV – Labor | <input type="checkbox"/> Exhibits | <input type="checkbox"/> Security | <input type="checkbox"/> Show Services – Official |
| <input type="checkbox"/> AV – Lighting | <input type="checkbox"/> Exhibits –
Modular/Portable | <input type="checkbox"/> Show Management | <input type="checkbox"/> Special Events |
| <input type="checkbox"/> AV – Production | <input type="checkbox"/> Facility | <input type="checkbox"/> Show Services
– Cleaning | <input type="checkbox"/> Transportation –
Air Freight |
| <input type="checkbox"/> AV – Rental | <input type="checkbox"/> Floral | <input type="checkbox"/> Show Services
– Electrical | <input type="checkbox"/> Transportation – CC |
| <input type="checkbox"/> Computer Rental | <input type="checkbox"/> Furniture | <input type="checkbox"/> Show Services –
Floor Management | <input type="checkbox"/> Transportation – Van |
| <input type="checkbox"/> EAC Services – Payroll | <input type="checkbox"/> I & D | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> EAC Services – Supplies | <input type="checkbox"/> Photography | | <input type="checkbox"/> _____ |
| <input type="checkbox"/> Exhibit Services Broker | | | |

50 word (or less) product/service description _____

Indicate Your Payment Method (full payment must accompany this form)

\$ _____ Check enclosed Visa AMEX Master Card Discover
TOTAL AMOUNT ENCLOSED

CREDIT CARD NO.

EXPIRATION DATE

SIGNATURE

NAME ON CARD

Fax/Mail your payment (make checks payable to EACA).