

APPLICATION FOR EXHIBIT SPACE

**Western States Roofing Contractors Association
36th Annual Convention & Tradeshow
Western Roofing Expo 2010
Paris-Las Vegas Hotel & Casino, Las Vegas NV
June 20-23, 2010**

We hereby make application for exhibit space at the Western Roofing Expo 2010. We agree to abide by the terms and conditions set forth by WSRCA. I understand this application becomes binding as a contract when executed by the Western States Roofing Contractors Association.



BOOTH PAYMENT:

Remittance of the full amount of the booth charge - OR - a deposit of one-half of the full amount due upon receipt of contract, with the balance due on or before December 31, 2009. Booths contracted after January 1, 2010 require full amount upon receipt of contract. Booths will not be assigned unless deposit has been received. All funds must be in U.S. funds drawn on a U.S. bank. Payment may be made by Cash, Check, or Credit Card.

CANCELLATIONS:

A charge of 50% of the total booth cost will be assessed for space cancellations after January 1, 2010 and no refunds after February 1, 2010. All cancellations must be made in writing & received (by mail/fax) in the WSRCA office on or before February 1, 2010. WSRCA reserves the right to cancel exhibit space if indicated amounts of the total exhibit space rental charge have not been received by the stated dates.

NEW! Booth fees also include 1 FREE ticket to the Annual Luncheon at the Western Roofing Expo 2010 per Exhibiting Company.

BOOTH PRICES:	10' x 10' Standard	Corner Booths	20' x 20' Island	20' x 30' Island
WSRCA MEMBER	\$1,995.00 each	\$2,245.00 each	\$9,995.00	\$13,995.00
NON-MEMBER	\$2,995.00 each	\$3,495.00 each	\$12,995.00	\$16,995.00

I would like to become a member of WSRCA, please send me information

* COMPANY NAME:	
* ADDRESS:	
* CITY, STATE, ZIP:	
* WEB PAGE:	
* TELEPHONE:	* FAX:

(Person in charge of exhibit and/or to whom exhibit instructions are to be sent)

* CONTACT NAME:		
ADDRESS: (If different than above)		
CITY, STATE, ZIP:		
TELEPHONE:	FAX:	
* CONTACT E-MAIL ADDRESS:		
* SIGNATURE:	TITLE:	DATE:

* BOOTH CHOICES:		
1st CHOICE:	2nd CHOICE:	3rd CHOICE:
TOTAL PRICE:	TOTAL AMOUNT SUBMITTED:	
PRODUCTS TO BE EXHIBITED:		
COMMENTS/SPECIAL REQUESTS:		

* PAYMENT METHOD:	<input type="checkbox"/> AMEX	<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
<input type="checkbox"/> CASH	<input type="checkbox"/> CREDIT CARD: #		
<input type="checkbox"/> CHECK: #	EXP. DATE:	SIGNATURE:	

Keep yellow copy & return original with payment to Western States RCA, 465 Fairchild Drive, #210 Mountain View, CA 94043. Phone: (800)725-0333, Fax: (650)938-5407, Email: Joel Viera, Associate Director of Exhibits & Membership, to joel@wsrca.com