

**Joint Mathematics Meetings,  
January 7 – 10, 2004 • Phoenix Civic Plaza- Hall D  
EXHIBIT SPACE CONTRACT**

**Terms for Exhibit Space**

Please refer to the enclosed floor plan for your choice of booths. Exhibit space is assigned on a first-come, first-served basis and **payment is required in full** prior to consideration. If all spaces selected are no longer available, the Exhibits Coordinator will assign space as equitably as possible. To optimize exhibit space, the AMS and MAA reserve the right to move booth assignments or deny changes in booth assignments, where and when necessary. **Cancellation Policy:** A penalty charge of \$100 per booth will be applied for booths cancelled by **August 22, 2003**. Refunds cannot be issued for space cancelled after **August 22, 2003**. Refunds will not be issued for any changes made in booth rentals after **November 21, 2003**.

**Special Note: All booth assignments will begin in June and will be based on date of receipt with priority given to sponsors.**

The undersigned agrees that he/she is authorized to enter into this contract and agrees to abide by all requirements, restrictions, and Obligations listed in this **contract** and the enclosed **Rules for Exhibiting**. The parties hereby agree that there are no other understandings or agreements which are not contained in said documents.

**Booth Types and Rental Prices**

<b>Singles (10' x 10')</b>		<b>Islands (min 20' x 20')</b>		<b>Special Category (10' x 10')</b>		<b>New Ventures Row \$370</b>
Prime Corner	<b>\$1535</b>	Island Booth		for companies exhibiting "special"		(8' x 10' in rear of hall)
Prime In-Line	<b>\$1457</b>	<b>\$1597 each</b>		types of products		(First time exhibiting companies)
Non-Prime Corner	<b>\$1270</b>			Non-Prime In-Line	<b>\$580</b>	Table space that includes 8'
Non-Prime In-Line	<b>\$1239</b>					back wall and 6' skirted table

**Company Information**

Company Name: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Telephone: \_\_\_\_\_ Email: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Fax: \_\_\_\_\_  
Signature: \_\_\_\_\_ Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Who is your marketing decision maker or contact? Marketing Information:**

Name: \_\_\_\_\_  
Title: \_\_\_\_\_ Telephone: \_\_\_\_\_ Email: \_\_\_\_\_

**Space Choice**

**Number of Booths Required:** \_\_\_\_\_ **Type:** Singles  Island  Special Category  New Ventures   
**First:** Booth Number(s) \_\_\_\_\_ **Product Type**  
**Second:** Booth Number(s) \_\_\_\_\_ Publications  Hardware   
**Third:** Booth Number(s) \_\_\_\_\_ Software Special/Other  \_\_\_\_\_

Top three competitive companies: \_\_\_\_\_  
Special arrangements requested: \_\_\_\_\_

**Full payment is required with this application.** Make checks payable to the AMS. Foreign checks must be drawn on an U.S. bank and payable in U.S. Funds. You may charge this total to your VISA, MasterCard, Discover, or American Express.

Total Paid: \_\_\_\_\_ Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Zip code of your credit card billing address: \_\_\_\_\_

**Assignment (office use only)**

Assigned Booth Number(s): \_\_\_\_\_ Approved by: \_\_\_\_\_  
Acceptance by the AMS and MAA: \_\_\_\_\_ Date: \_\_\_\_\_

**Please keep a copy of this contract for your records and send the other copy to:**

Mathematics Meetings Service Bureau (MMSB) Overnight Deliveries: MMSB, 201 Charles St., Providence, RI 02904-2294, USA  
P.O. Box 6887 Telephone: 401-455-4143 or 1-800-321-4267, x4143  
Providence, Rhode Island 02940-6887, USA Fax (for credit card payments only): 401-455-4004