

# FIRM ORDER FOR EXHIBIT SPACE



## 2010

### Convention, Annual Meeting and Trade Show September 21-23



## Lancaster County Convention Center, Lancaster, PA

We wish to make a firm reservation at the 2010 Trade Show for the amount of space listed below.  
It is understood that payment in full is required to accompany this reservation in order to validate it.

*Firm orders must include payment in full.*

Price for a 10' x 10' Booth - \$1,025.00

Please Reserve \_\_\_\_\_ 10' x 10' Booth(s)

Make checks payable to PPMCSA.

**PLEASE DO NOT WRITE IN THIS SPACE**  
(For PPMCSA Office Use Only)

Total Amount of Space Contract \$ \_\_\_\_\_

Payment Due  
with Firm Order Form \$ \_\_\_\_\_

Assigned Booth # \_\_\_\_\_

**PRODUCT DISPLAY INFORMATION MUST BE COMPLETED TO FACILITATE EXHIBIT SPACE ASSIGNMENT.**  
**REQUIRED INFORMATION - Exhibit will consist of (include brand names):**

\_\_\_\_\_  
\_\_\_\_\_

It is hereby agreed that the undersigned will abide by the Rules, Regulations & General Provisions Governing the Trade Show.

COMPANY (Please print) \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_ FAX (\_\_\_\_) \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

CHARGE MY: [ ] MasterCard [ ] VISA [ ] Discover ACCOUNT NUMBER \_\_\_\_\_

CARDHOLDER'S NAME \_\_\_\_\_ EXP. DATE \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

**EXHIBITOR'S BOOTH HEAD SIGN INFORMATION:**

Co. Name \_\_\_\_\_

City, State \_\_\_\_\_

**RETURN TO:**

PPMCSA

P.O. Box 68, Highspire, PA 17034-0068

Phone: (717) 902-0210 Fax: (717) 902-0290

For more information, contact Don Welcomer.