

APPLICATION FORM AND AGREEMENT FOR EXHIBIT SPACE AND SPONSORSHIPS

COMPANY'S ACCOUNTING CONTACT INFORMATION

Company Name: _____		
Address: _____		
City: _____	Prov/State: _____	
Country: _____	Postal/Zip Code: _____	
Contact Name: _____	Title: _____	
Telephone: _____	Fax: _____	E-mail: _____

COMPANY'S EXHIBITOR/MARKETING CONTACT INFORMATION IF DIFFERENT FROM ABOVE

Company Name: _____		
Address: _____		
City: _____	Prov/State: _____	
Country: _____	Postal/Zip Code: _____	
Contact Name: _____	Title: _____	
Telephone: _____	Fax: _____	E-mail: _____

Booth Space: Booth preferences will be accommodated whenever possible. Please indicate the number of booths required and the preferred spaces requested. Please refer to the floor plan in the Exhibit Rental section.

We want to reserve _____ booth(s) in the following location(s)	1st choice: _____	2nd choice _____	3rd choice _____
Number of Booths: _____ x CDN \$4,800 (taxes included)	\$ _____		
Less 50% deposit due with signed agreement	\$ _____		
Balance due on December 31, 2003	\$ _____		

Sponsorship Options: Please refer to the Sponsorship Opportunities section for details. Please indicate the sponsor opportunity you are interested in. Upon receipt of this agreement, SpaceOps 2004 will contact your representative to confirm availability.

Platinum (Conference Banquet & Delegate Bag)	<input checked="" type="checkbox"/> SOLD	Bronze (Buffet-Luncheon May 19 th)	<input type="checkbox"/> CDN \$25,000
Gold (Cyber Café & Coffee Breaks)	<input type="checkbox"/> CDN \$65,000	Bronze (Buffet-Luncheon May 20 th)	<input type="checkbox"/> CDN \$25,000
Silver (Welcome Reception & Exhibit Opening)	<input type="checkbox"/> CDN \$45,000	Bronze (Posters Session & Reception May 18 th)	<input type="checkbox"/> CDN \$25,000
Bronze (Buffet-Luncheon May 18 th)	<input type="checkbox"/> CDN \$25,000	Bronze (Posters Session & Reception May 19 th)	<input type="checkbox"/> CDN \$25,000

For more information, please contact the SpaceOps 2004 Exhibit Management Office at your convenience. Sponsorship amount in CDN \$ _____

Please make checks payable to Receiver General for Canada (SpaceOps 2004) or complete credit card information below:

Credit Card Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> American Express	Total Payment: CDN \$ _____
Credit Card Number: _____			Exp Date: _____

The issuer of the card identified on this item is authorized to pay the amount shown as Total Payment. I promise to pay such total (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such a card.

Cardholder Signature: _____ Date: _____

PAYMENT TERMS: Applications made prior to December 31, 2003 must be accompanied by a 50% payment of the total cost of the exhibit space rental or sponsorship pledge. 100% of the balance owing, including applicable taxes is due December 31, 2003. Applications submitted after January 1, 2004 must be accompanied by payment in full. While payments may be deposited for security when received, the application is not deemed accepted until after the agreement is signed by Management and a copy is returned to the Exhibitor.

I, the duly authorized representative of the above-mentioned organization, subscribe and agree to all terms and conditions including, but not limited to, the rules and regulations stated for sponsorship and exhibit space and services at the SpaceOps 2004 Conference.

Print Name: _____	Title/Position: _____
Signature: _____	Date: _____

For Office Use: _____

Return this completed form, with 50% deposit, to:

SpaceOps 2004 Exhibit Management Office
 National Research Council Canada
 Building M-19, 1200 Montréal Road, Ottawa, Ontario, Canada K1A 0R6
 Tel: (613) 993-9495 Fax: (613) 993-7250
spaceops2004-exhibit@nrc.gc.ca

