



NOTE: The 2018 Convention is **Tuesday – Friday**, a shift in pattern from previous years. Exhibit Hall opens on **Wednesday**.



www.gulfisri.com

EXHIBIT SPACE FORM

CHECK/MONEY ORDER

2018 ANNUAL SUMMER CONVENTION & EXPOSITION • JUNE 12-15, 2018 • SHERATON NEW ORLEANS HOTEL

NOTE: This form is for payment by check or money order only.
You may also register online by going to our website, www.gulfisri.com. Visa & MC accepted.

EXHIBITORS

Company: _____

(Please list all information as it should appear in the convention program)

Address: _____

City, State, Zip: _____

Phone: _____ Fax: _____ E-mail: _____

Co. Website: _____

Contact Name (Print): _____ Signature: _____

Contact person will receive all correspondence, invoices and Freeman Exhibition Services Kit. Signature allows your contact information to be included in convention program.

BOOTHS

Sponsors will have preference in booth choice until January 31, 2018. Booth assignments will be made on a “first-paid” basis.

We prefer to NOT be located near the following companies: _____

Booth location choices: 1st Choice _____ 2nd _____

NAME BADGE FOR TWO COMPLIMENTARY CONVENTION REGISTRATIONS

Name 1: _____ E-mail: _____

Name 2: _____ E-mail: _____

NOTE: Name 1 and corresponding email will be used in the convention program.

PAYMENT

Rates — Check Box (standard single booth size is 8' x 10')

ISRI Member \$1,250 (Includes 2 full convention registrations)

Non-ISRI Member \$2,000 (Includes 2 full convention registrations)

PLEASE RETURN THIS FORM AND PAYMENT TO:

ISRI Gulf Coast Chapter
c/o Nidhi Turakhia
Allied Alloys, 6002 Donoho Street, Houston, TX 77033
T: 713-643-6966 ext.1349 • nturakhia@alliedalloys.com

MAKE CHECK OR MONEY ORDER PAYABLE TO: ISRI Gulf Coast Chapter

CANCELLATION: We must receive written notice of cancellation. There is a \$200 processing fee for all cancellations. No refunds after 4/27/18.

IMPORTANT: Please sign and return this form. You will receive your booth assignment(s) prior to the convention by email.

We, the undersigned, have read, understand, and agree to all the provisions on this form.

Authorized Signature: _____ Date: _____

Print Name: _____ Title: _____

PLEASE DO NOT WRITE IN THIS BOX

Application rec'd _____ Exhibit space(s) assigned _____ Total # booths _____ Payment _____

INSURANCE REQUIREMENTS

All exhibitors **MUST** supply Certificate of Liability Insurance by April 27, 2018. You may fax, email or mail it to the address to the left.

All General Liability Certificates **MUST** include:

ADDITIONAL INSURED:

- 1.) ISRI Gulf Coast Chapter
- 2.) Sheraton New Orleans Hotel
- 3.) Meetings by Design
- 4.) Freeman

QUESTIONS? Contact Monica Stewart • Phone: 443-864-3347 • Email: monica3kidsscs@gmail.com