

## Exhibitor Registration

2009 Annual Meeting ♦ 80<sup>th</sup> Anniversary ♦ August 20-22, 2009  
Hilton St. Petersburg Bayfront, St. Petersburg, Florida

Name of Company			
Name of Company Contact			
Address		Suite number	
City	State	Zip Code	
Telephone number	Fax Number		
Email Address			

*My Company would like a table top exhibit:*

**One table top exhibit (6 ft draped table, waste basket and two chairs) \$500**

### Exhibit Hours:

- Exhibit Set Up (Thursday, Aug. 20) 12:00 – 5:00pm
- Exhibit Tear Down (Friday, Aug. 21) 6:30pm
- Exhibits will be open during receptions, breakfast and breaks

### Payment Information

Check (Please make checks payable to **ASCE Florida Section**)

Credit Card     AMEX     MasterCard     Visa

Name on Card \_\_\_\_\_

Credit Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_

Security Code (CWS) \_\_\_\_\_ Signature \_\_\_\_\_

Billing Address and phone number of credit card including zip code:

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

**To exhibit:** Return this form via email to [info@fla-asce.org](mailto:info@fla-asce.org) or  
fax to 407.315.0084

Cancellation: Request for cancellation must be received in writing before 5pm, on August 3, 2009. There will be a cancellation fee of \$75. No refunds will be issued for cancellations after this date.

### FL Section - ASCE

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