



## TECH SUITE APPLICATION

▲ Company Name \_\_\_\_\_ ▲ Date \_\_\_\_\_

▲ Additional Company Names used presently or in recent past (For Office Reference Only) \_\_\_\_\_

▲ Street Address \_\_\_\_\_

▲ City \_\_\_\_\_ ▲ State \_\_\_\_\_ ▲ Country \_\_\_\_\_ ▲ Zip \_\_\_\_\_

▲ Telephone \_\_\_\_\_ ▲ Fax \_\_\_\_\_

### CONTACT INFORMATION

▲ Pre-Meeting \_\_\_\_\_ ▲ Title \_\_\_\_\_

▲ E-mail Address \_\_\_\_\_ ▲ Telephone \_\_\_\_\_

▲ On-site Exhibit Manger \_\_\_\_\_ ▲ Title \_\_\_\_\_

▲ E-mail Address \_\_\_\_\_ ▲ Cell Phone \_\_\_\_\_

RESERVATION: You are hereby authorized to reserve a Tech Suite in the Exhibit Hall. All Tech Suites are enclosed. Included with each space: carpet, (1) table, up to (4) chairs, (1) wastebasket, and (1) identification sign (if desired)

10' x 10' Suite – \$5,000

10' x 20' Suite – \$7,000

**Signature:**    X \_\_\_\_\_

Your signature on this application indicates that you understand and agree to comply with all the policies, rules, regulations, terms, and conditions contained in the Exhibitors Prospectus, and will abide by the payment schedule as outlined above, and have read the rules and agree to distribute them to those involved with your booth.

**TOTAL AMOUNT ENCLOSED \$** \_\_\_\_\_

**Check Enclosed** (Please make check payable to **SAGES**): 11300 W. Olympic Blvd, Suite 600, Los Angeles, CA 90064

**Credit Card Payment** (Please circle one):    **VISA**                      **MASTERCARD**                      **AMERICAN EXPRESS**

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Card Holder Signature: X \_\_\_\_\_

Please return form to Shelley Ginsberg  
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SAGES Tax ID # 52-1219359