

## MRA TECHNOLOGY SERVICES FORUM 2003 Contract to Exhibit

Company Name:		
Address:		
City:	State:Zi	p:
Telephone:	_Fax:	
E-mail Address:	URL Address:	
Telephone: E-mail Address:	(Required for hy	perlink to Web site)
<b>Primary Exhibitor Badge Information</b> (*One Prima included in the exhibiting fee.)	ary Registration per exhibiting compa	any has been
First/Nick Name:	Title:	
First/Nick Name:City:	State:	
*Primary Exhibitor Registration includes a Pre-Conference Worksl Wednesday, Breakfast, Lunch, General Session and Educational Se Researchers.		
<ol> <li>We understand specific exhibit space will not be assigned until twill make six choices for location of our exhibit space. MRA will chasis, according to the date this completed contract is received at M.</li> <li>We agree to accept the exhibit space assigned to us unless we rejussignment.</li> <li>We specify that the products/services listed above are those we provided the services that any changes in products/services to be exhibited fin inaccurate information listed in the conference program book.</li> <li>We agree to provide MRA with a Certificate of Insurance, as speunderstand that failure to do so will prohibit us from exhibiting.</li> <li>We understand that with this completed contract we are registering.</li> <li>We submit payment in the amount of \$1,500 (member company).</li> </ol>	do its best to accommodate our choice on a first MRA Headquarters with full payment. ject it in writing within ten (10) days of MRA propose to exhibit. We shall advise MRA in which MRA has not been notified by Augusteified in this contract, no later then Septemberng our company as an exhibitor.	est come, first served est notice of riting of any changes st 29, 2003 may resul
Payment Information: Exhibiting Fee	** <u>Member</u> [ ] \$1,500 or	Non-Member [ ] \$1,900
[ ] Chapter Event (must be purchased separately per regis	strant) [ ] \$120	[ ] \$120
Total Fee:  * Membership rate applies subject to membership verification.  [ ] Check (payable to MRA in US dollars) [ ] AME	EX [] MasterCard [] Visa	
	Exp. Date:	
Cardholder's Name:	Signature:	

Please return forms to Melanie Toney

Fax: 860-257-3990

Mail or Overnight: Marketing Research Association 1344 Silas Deane Hwy., Ste. 306, Rocky Hill, Ct 06067 E-mail: melanie.toney@mra-net.org