APRIL 8 – 9, 2009

Santa Clara Convention Center
Santa Clara, CA

Application for Tabletop Exhibit Space

Please Print or type. This information will be used in the Official SPWCC 2009 Program.

Official Company Name: _____
Address: _____
City: _____ State: _____ Zip: _____ Country: _____
Contact Name: _____ Title: _____ Email: _____
Ph#: _____ 800#: _____Fax#: _____

Official Program: Please outline those products you will display for inclusion in the Official Conference Program - 35 words or less._____
_____
_____

Tabletop Exhibit Information:

Each Exhibiting Company will receive one **Tabletop Exhibit Space** located in the Conference Coffee Break area for maximum visibility, a listing in the Conference Program Directory, and **one Full Technical Conference** pass (***$950 if purchased separately !!!***).

Fees: $1495 per display space

Tabletop Exhibits Open: Tuesday April 8 7:30am – 5:00pm During Conference Coffee Breaks
Wednesday April 9 7:30am – 4:00pm During Conference Coffee Breaks

Description: Each tabletop exhibit space consists of: One 6' draped table, 2 chairs, and a company ID sign. One Conference pass is included with each display space. Additional conference passes must be purchased separately.

Set-Up: Exhibitors may set up their displays on Tuesday, April 8, from 6:30am – 7:30am. Displays must be set by 7:30am, Tuesday.

Shipping/Receiving: Exhibitors are responsible for receiving their own exhibits and exhibit materials. Please **do not ship anything to the convention center.** The convention center does not have the facilities to receive and/or store shipments.

Dismantle: All tabletop exhibits and display materials must be removed from the exhibit area between 4:00pm and 5:00pm on Wednesday, April 9th. SPWCC is not responsible for materials remaining after 6:00pm on Wednesday, April 9th.

Payment: Full payment (non-refundable) is due with Application. Payment may be made by:

☐Check ☐Visa ☐MasterCard ☐American Express ☐Money Order (US $)

Make checks payable to: SPWCC

If paying by credit card, please complete the following section.

Circle One:
Visa/AmEx/Master Card **Card #:** _|_|_|_|_|_|_|_|_|_|_|_|_|_|_|_| **Expiration Date:** _|_|_|_|
Exact Name appearing on credit card: _____
Signature: _____ **Ph#:** _____

Send Application and payment by:

Fax to: 650.969.2491 **or** **Email to: spwcc2009@yahoo.com** **or Mail to:** **SPWCC**
1219 Nightingale Ct.
Los Altos, CA 94024

? Questions ? Call us at 650.224.2635 or visit our website at spwcc.com