



CONECAR 2009 Exhibit Application

Name of Organization: _____

Address: _____

Phone: _____ Fax: _____ eMail: _____

Name of Representative: _____

Address: _____

Phone: _____ Fax: _____ eMail: _____

(Kindly include the names, addresses, eMail, and phone numbers of each additional person attending with you)

CONECAR 2009: October 26 – 29, 2009

Jamaica Pegasus, Kingston, Jamaica

Congress Registration Fee – US \$ 325.00 X _____

Exhibit Fee: EAC Member – US \$200.00 _____

Exhibit Fee: Non- Member – US \$300.00 _____

Add US \$25.00 per person if postmarked after September 19, 2009..... _____

Total: \$ _____

Will you need electrical outlets? _____ Yes _____ No

Will you be using a TV/VCR for your “Windows” session? _____ Yes _____ No

Will you be selling books or materials? _____ Yes _____ No

If yes, please list titles and prices: (Use another sheet of paper, if needed)

Comments: _____

Note: Exhibit spaces will be assigned based upon order that application and cheques are received, and facility layout matches needs requested. Our confirmation eMail to the Representative will serve as your receipt. Feel free to call with any questions at: 1(876) 975-2215 (Rev. Fitzroy Thomas) or eMail: fitzroy@cwjamaica.com

_____ Date

_____ Signature