



DMA•07 Conference & Exhibition

McCormick Place West
Chicago, Illinois
October 13 – 18, 2007

Pre-Conference: October 13 – 14, 2007
Exhibition: October 14 – 16, 2007
Conference: October 14 – 17, 2007
Post-Conference: October 17 – 18, 2007

EXHIBITOR SPACE APPLICATION

DMA Member? No Yes DMA Customer ID#* _____

*If you do not know your DMA customer ID number, please contact DMA Customer Service at 212.790.1500.

Exhibitor Information

Address for Exhibit Contact (to receive exhibits information)

Company Name _____

Company Contact _____

Job Title _____

Mailing Address _____

City _____ State _____ Postal Code _____ Country _____

Telephone _____ Extension _____ Fax _____

E-Mail _____ Web site _____

PR Contact _____

Phone _____ E-Mail _____

Preference in Booth Location

If your choices are not available at time of selection, show management will assign best available space. Keep in mind the chances of obtaining one of your choices increases if you spread your selections throughout the hall.

1st _____ 2nd _____

3rd _____ 4th _____

5th _____ 6th _____

I wish to be in the Interactive Marketing Pavilion.

I wish to be in the International Pavilion.

Important — To help us in assigning the locations for the exhibit booths, please list below the names of competitors you do or do not wish to be near. This is critical information for booth assignment.

I do not wish to be near: _____

I do wish to be near: _____

Please check here if this is your first time exhibiting at this show. If so, how did you hear about us? _____

What other shows have you considered that hit this same market? _____

Payment

Booth Price: Per square foot

\$39.95 DMA Members \$51.95 Non-Members

Includes:

- 3 complimentary registrations
- 2 additional registrations at 50% off the on-site Conference & Exhibition registration fee (DMA Member/Non Member) Maximum: 5 registrations.

Booth size required: _____ x _____ or total square feet: _____

Total Cost: _____ sq. ft. x per sq. ft. charge of \$ _____ = \$ _____

Applications received up until July 13, 2007, require a 50% deposit. After July 13, 2007, all applications must be submitted with full payment. Total amount enclosed \$ _____

*Note: 25% of total space cost is non-refundable.

Please check choice of payment:

American Express Visa Discover Card MasterCard Check

Account number _____

Expiration date _____

Name (as it appears on card) _____

Company name (if corporate card) _____

Signature _____

I have read the Exhibitor Terms & Conditions and agree to abide by them.

Signature _____ Date _____

I give you permission to fax me information on DMA events and products.

Signature _____ Date _____

Mail to: **Gaye Dullaghan**

Exhibits Manager
1615 L Street, NW, Suite 1100
Washington, DC 20036

Phone: 202.861.2469
Fax: 202.955.0056

For the DMA Show Management Use Only

Date Received _____

Check Number _____

Amount _____

Total Cost Priority Points _____

Booth(s) Assigned _____