



**June 16 – 18, 2009**

Jacob K. Javits Convention Center, New York, NY

**EXHIBITOR SPACE APPLICATION FOR TURNKEY BOOTH**

**Important – please print all information clearly. Fax completed form to 202.955.0056.**

**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

Email Web site

PR Contact

Phone Email

I wish to be in the New Exhibitor Pavilion

I wish to be in the Mobile Marketing Pavilion

**Preference in Booth Location**

Please see floor plan and note preferred location below.

1<sup>st</sup>

2<sup>nd</sup>

3<sup>rd</sup>

4<sup>th</sup>

5<sup>th</sup>

6<sup>th</sup>

**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:

**Payment**

Turnkey Pedestal Package Price:

\$2,500 DMA Members  \$2,700 Non-Members

Includes:

- 2 complimentary registrations
- 1 additional registration at 50% off the regular conference fee
- Pedestal rental
- Set-up and dismantle
- ID sign with company name and five bullet points
- 500 watts of power
- 19" flat-screen monitor
- Drayage of pedestal only

Number of pedestals:

Total Cost:

Full payment required with application.

\*Note: 25% of total space cost is non-refundable. Please see Exhibitor Terms for complete cancellation policies.

**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**

**DMA 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 \_\_\_\_\_