Space Simulation Conference Exposition  
Oct. 26-29, 2020  
Doubletree Annapolis  
Annapolis, Maryland

Show your products to people who buy! Reserve your Tabletop Exposition space

Increase your company visibility with leaders in the environmental sciences community. Introduce your services and products to professionals who make key purchasing decisions for dozens of aerospace industries.

Don’t miss this outstanding marketing opportunity!

Complete and return the form below to reserve your tabletop space.

YES! Reserve my company’s Tabletop Exposition space(s) at the 31th Space Simulation Conference:

___ space(s) at $925 (includes one three-day conference registration package)
___ space(s) at $525 (does not include conference registration)

Tabletop number preference ______________________________________________________________________________________________

This form shall serve as a formal agreement between IEST and the exhibitor for the Exposition at the 31st Space Simulation Conference, to be held Oct. 26-29, 2020 at the DoubleTree Annapolis in Annapolis, Maryland. IEST will provide a skirted 6-foot tabletop for the display. (Fold-out exhibits are permitted as long as they fit within the allowed tabletop dimensions.)

The exhibitor will:

• set up 6 a.m.—6 p.m. (October 26), display during (October 27-28), and tear down after the exhibit (afternoon of October 28) at the DoubleTree Annapolis
• assume responsibility for the safekeeping and proper use of the exhibit materials at all times.
• submit full payment no later than October 1, 2020.

NOTE: This form is for the Tabletop Exposition ONLY. Registration information will be available soon at www.iest.org.

Name (Please print) _________________________________________________ Company_______________________________________________

Company mail code _____________ Mailing address _____________________________________________________________________________

City ________________________________________ State/province ______ Postal code _______________Country ______________________

Daytime telephone (_____) ____________ Fax (_____) __________ E-mail __________________________________________________________

IEST adheres to a strict policy and does not rent, sell, or otherwise distribute fax, telephone numbers, or e-mail addresses. Fax numbers and e-mail addresses will only be used for IEST correspondence. Fax numbers will not be entered into the database without authorized approval. I give consent on behalf of myself and/or my company to receive faxes from IEST. __________________________________________________________________

Authorized signature

Charge my credit card (fill in information below).

Visa ______ MasterCard _____ Discover _____ American Express _____

Card number:_____________________________________________________________________________________________________________

Expiration: ___________________________ Zip Code of Billing Address:____________________ CVV2#:____________________________

( CVV2# is the Last Three digits on back of card. For American Express, four-digit number on front of card.)

Cardholder’s name_________________________________________________________________________________________________________

Cardholder’s signature______________________________________________________________________________________________________

MAIL OR FAX THIS FORM TO:  
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