



# The Southeast Recycling Conference & Trade Show

Conference: March 7-10, 2010 • Trade Show: March 7-9, 2010

Hilton Sandestin Beach Golf Resort & Spa • Destin, Florida

## EXHIBIT SPACE RESERVATION FORM

Contact Person: \_\_\_\_\_  
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Web site: \_\_\_\_\_

### Please complete the following section as appropriate:

Exhibit Booth \$1,495  
 (Price includes 2 registrations): \_\_\_\_\_ X \$ \_\_\_\_\_ = \$ \_\_\_\_\_

Additional Representatives (up to 4 @ \$195.00 per person): \_\_\_\_\_ X \$195 = \$ \_\_\_\_\_

Total: \_\_\_\_\_ = \$ \_\_\_\_\_

Up to four (4) additional representatives from your firm/organization may attend at a reduced registration rate of \$195 per person, persons thereafter may register at the standard conference rate.

**Booth Selection:** Final booth location will be based on a first-come, first-serve basis by sponsors level then exhibitors. Select five (5) booths in order of preference.

First: \_\_\_\_\_ Second: \_\_\_\_\_ Third: \_\_\_\_\_ Fourth: \_\_\_\_\_ Fifth: \_\_\_\_\_

**Exhibitor Statement:** In fifty (50) words or less tell us about your company for use in our exhibitor insert.

**Payment Method:** [ ] Check (Make checks payable to: **SERC**) [ ] Purchase Order [ ] Credit Card  
 [ ] VISA [ ] MasterCard [ ] AMEX

Credit Card Number: \_\_\_\_\_

Name on Credit Card (Please Print): \_\_\_\_\_

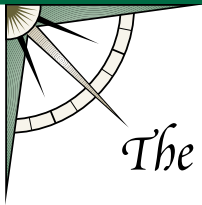
Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Signature: \_\_\_\_\_

You can also make payment using the SWIX Secure On-Line Payment System at: <http://www.southeastrecycling.com>

Please respond by fax, e-mail, or by mail to: SERC  
Post Office Box 960  
Tallahassee, FL 32302

telephone: 800-441-7949  
fax: 850-386-4321  
e-mail: [nicki@swix.ws](mailto:nicki@swix.ws)  
Reach Nicki direct at: 334-356-0200



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## EXHIBIT SPACE RESERVATION FORM (CONTINUED)

### Representative 2

Contact Person: \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle initial) \_\_\_\_\_ Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Web site: \_\_\_\_\_

### Representative 3

Contact Person: \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle initial) \_\_\_\_\_ Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Web site: \_\_\_\_\_

### Representative 4

Contact Person: \_\_\_\_\_ (last name) \_\_\_\_\_ (first name) \_\_\_\_\_ (middle initial) \_\_\_\_\_ Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Web site: \_\_\_\_\_

Please respond by fax, e-mail, or by mail to:

SERC  
Post Office Box 960  
Tallahassee, FL 32302

telephone: 800-441-7949  
fax: 850-386-4321  
e-mail: nicki@swix.ws  
Reach Nicki direct at: 334-356-0200