



# Managing The Winery Laboratory Seminar and Trade Show

Tuesday, April 18, 2006

COPIA Wine Center

Napa, CA

Exhibit Hours 12pm-5pm

## Exhibit Space Application & Contract

**Send To:** Managing the Winery Laboratory  
Quality Event Management, 3960 Post Road, Warwick, RI 02886  
Phone: (401) 885-8788 x 11 - Fax: (401) 886-8020

Please accept our request for exhibit space at the **Managing the Winery Laboratory Seminar & Trade Show.**

Complete this section as you would like it to appear in program guide.

- We would like to give a demonstration or speak during a session.  
 We would like to know more about sponsorship opportunities.

Product or Service \_\_\_\_\_

Company Name \_\_\_\_\_ Company Website \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

Exhibit Manager (individual in charge of booth) \_\_\_\_\_ Title \_\_\_\_\_ Email  Add me to your mailing list

Additional Name \_\_\_\_\_ Title \_\_\_\_\_ Email  Add me to your mailing list

Additional Name \_\_\_\_\_ Title \_\_\_\_\_ Email  Add me to your mailing list

Mailing address if different from above \_\_\_\_\_

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_ Alternate Email \_\_\_\_\_

Please reserve \_\_\_\_\_ 8' exhibit table(s) @ \$395 each, for a total of \$ \_\_\_\_\_

Space # \_\_\_\_\_ (1st choice) Space # \_\_\_\_\_ (2nd choice) Space # \_\_\_\_\_ (3rd choice)

Fee Includes: one (1) covered table, one (1) chair, electric power, exhibit hall passes and a web link on seminar page on [www.vwm-online.com](http://www.vwm-online.com).

Additional chairs \$5.00 ea x \_\_\_\_\_ = \_\_\_\_\_. We would like (1-50) Free Exhibit Hall passes \_\_\_\_\_

Please reserve \_\_\_\_\_ buffet lunch ticket(s) @ \$25.00 each for a total of \$ \_\_\_\_\_

I (We) fully understand that this form shall become a binding contract upon acceptance.

Applicant's Authorized Signature \_\_\_\_\_ Title \_\_\_\_\_ Date \_\_\_\_\_

Enclosed is our check payable to Quality Event Management in the amount of \$ \_\_\_\_\_ Check # \_\_\_\_\_ or charge my  VISA  MC  AE

Card number \_\_\_\_\_ Exp Date \_\_\_\_\_ Authorized Cardholder Signature \_\_\_\_\_