Indiana-ACC Exhibit Reply Form - 21st Annual Meeting  
Saturday, October 21, 2017 | The Westin Indianapolis

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Representatives Attending | | | | | | | | | | |
| Rep #1  Full Name: |  | | | | | |  | | |  |
| Last | | | | | | | First | | | M.I. |
| Address: | |  | | | | | | | |  |
| Street Address | | | | | | | | | | Apartment/Unit # |
|  | |  | | | | | | |  |  |
| City | | | | | | | | | State | ZIP Code |
| Work Phone: | | | ( ) | | | Alternate Phone: | | ( ) | | |
| E-mail Address: | | | |  | | | | | | |
| Company : | | | | |  | | | | | |
|  | | | | | | | | | | |

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Rep #2  Full Name: |  | | | | | |  | | |  |
| Last | | | | | | | First | | | M.I. |
| Address: | |  | | | | | | | |  |
| Street Address | | | | | | | | | | Apartment/Unit # |
|  | |  | | | | | | |  |  |
| City | | | | | | | | | State | ZIP Code |
| Work Phone: | | | ( ) | | | Alternate Phone: | | ( ) | | |
| E-mail Address: | | | |  | | | | | | |
| Company : | | | | |  | | | | | |
|  | | | | | | | | | | |

**Electrical Outlets**

** Yes, we will need an electrical outlet.  No, we will not need an electrical outlet.**

**Payment Information**   
$1000 Exhibit Fee.   
Checks should be made payable to Indiana Chapter-ACC. Federal Tax ID #35-1987854.  
Mail to: 440 Laurel Chase Ct NW, Atlanta, GA 30327

 Yes, we wish to participate in the Indiana Chapter-ACC 2017 Annual Meeting. In the event that we cancel our exhibit, we understand that we are still obligated to the full cost of the exhibit display. We understand that all exhibit displays must be prepaid in full. We understand that exhibits for these meeting will be placed only in areas designated for such use by the Conference Coordinator, and that such space will be reserved on a first-come, first-served basis for the limited number of spaces available. We understand that all exhibits must be set up before the meetings begin and dismantled by the end of the meetings on the day we exhibit. We agree to secure our exhibit to the best of our ability when not manned and accept full responsibility for the security of our exhibit. *I have read and agree to the terms stated:*

Signature

Return form to FAX (404) 795-9105 or [Indiana.acc@gmail.com](mailto:Indiana.acc@gmail.com)

Questions? Call (317) 456-2223, email [indiana.acc@gmail.com](mailto:indiana.acc@gmail.com), [www.inacc.org](http://www.inacc.org)