

Auburn University 2019 Tax Professional Seminars

Exhibitor Information

Name of Contact Person: _____

Company: _____ Title: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____

Fax: _____ Email: _____

REQUEST FOR EXHIBIT SPACE: Table provided at each site. Deadline to receive is **October 1, 2019**.

Cost is \$300 per site for selected sites or \$4,000 for all sites.

Fayetteville, AR: Oct 22-23, \$300

Little Rock, AR: Oct 24-25, \$300

Florence, AL: Oct 29-30, \$300

Huntsville, AL: Oct 31-Nov 1, \$300

Dothan, AL: Nov 5-6, \$300

Gadsden, AL: Nov 7-8, \$300

Baton Rouge, LA: Nov 12-13, \$300

Shreveport, LA: Nov 14-15, \$300

Hattiesburg, MS: Nov 18-19, \$300

Jackson, MS: Nov 19-20, \$300

Oxford, MS: Nov 21-22, \$300

Atlanta, GA: Nov 25-26, \$300

Mobile, AL: Dec 2-3, \$300

Montgomery, AL: Dec 4-5, \$300

Bessemer, AL: Dec 10-11, \$300

Birmingham, AL: Dec 11-12, \$300

Auburn, AL: Dec 12-13, \$300

All Sites, \$4,000 (Additional staff may be needed as some sites overlap.)

The fee includes table with two chairs at each site. On Day 1, an exhibitor representative may make a brief announcement about your products to the participants during opening statements on Day 1.

Exhibitor may offer door prizes at each location if desired.

REQUEST TO DISTRIBUTE PROMOTIONAL MATERIAL

Company promotional materials are included in the registration packets given to each program participant at seminar locations. Samples must accompany this request and 2800 copies be received in the Office of Professional & Continuing Education no later than **October 1, 2019**.

Cost is \$600 for this service. No distribution of materials in classrooms unless from your exhibit table.

FEES AND PAYMENTS

Site Fee(s) (\$300 each/\$4,000 all) \$ _____

Promo Material (\$600) \$ _____

TOTAL AMOUNT \$ _____

I am enclosing a check to cover fees. Make check payable to **Auburn University**.

MasterCard VISA Discover American Express

Card Number _____ Expiration Date: _____

Card Verification Number _____

Name on Card (please print) _____

Signed _____

Invoice my organization using the following information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Mailing Address, Phone, Fax and Email

Office of Professional & Continuing Education, 301 OD Smith Hall, Auburn, AL 36849-5608

Phone: (334) 844-5100 FAX: (334) 844-3101 Email: claire.twardy@auburn.edu