



# 23<sup>rd</sup> Annual Joint Engineering Societies Conference

## Double Tree by Hilton- Lafayette, LA January 23 - January 24, 2019

### Booth Space Rental Fee

- 5x10' Table Top Exhibit
- Booths consisting of ID Sign, Skirted 5x10' Table, 2 Chairs
- Each Exhibitor is asked to bring a door prize. Door prizes will be given away at each break.
- Each Exhibitor is allowed **2 booth representatives** & will receive **2 tickets** for Wednesday & Thursday Breakfast, Thursday Lunch N' Learn, and the Exhibitor Meet N' Greet

**\*A 15% discount will be applied to exhibitors who register for multiple booths\***

		<u>After 1/8/19</u>
<b>Fee for 1 Booth Space</b> (If you are renting more than 1 space, please indicate how many)	\$ 575 _____	\$ 675 _____
<b>Additional Booth Representative</b> (additional reps will receive meal & event tickets listed above)	\$ 100 _____	\$ 125 _____
Wednesday LES Awards Luncheon	\$ 25 _____	\$ 50 _____

### Event Sponsor – \$250

**Your Company Name & Logo will be prominently displayed during the event(s) that you sponsor**  
You may choose to sponsor any number of the following events. Please check your selection.

- |  |  |
|--|--|
| <input type="checkbox"/> Wednesday Continental Breakfast   | <input type="checkbox"/> Thursday Continental Breakfast  |
| <input type="checkbox"/> Wednesday Breaks in Exhibit Hall  | <input type="checkbox"/> Thursday Breaks in Exhibit Hall |
| <input type="checkbox"/> Wednesday Exhibitor Meet N' Greet | <input type="checkbox"/> Thursday Lunch N' Learn         |

**Total to be Charged:** \_\_\_\_\_

Please select your choice of table top exhibit from the layout provided, or from our website at [www.les-state.org](http://www.les-state.org) for current availability and list of confirmed exhibitors.

1st choice \_\_\_\_\_ 2nd choice \_\_\_\_\_ 3rd choice \_\_\_\_\_

*Note: Checks payable to Louisiana Engineering Society must be included with your reservation. Checks or monies received first will be honored first. If your first three choices have been taken, you will be notified and offered choices of the remaining exhibits.*

**No Refunds Will Be Given.**

Firm Name: \_\_\_\_\_

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

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Website: \_\_\_\_\_

Contact Person: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Exhibit Representative \_\_\_\_\_ Exhibit Representative \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ Exp.Date: \_\_\_\_\_

CVV: \_\_\_\_\_ Billing Zip: \_\_\_\_\_ Signature: \_\_\_\_\_