

# Exhibitor Application Form

19th Annual National Conference on Race & Ethnicity in American Higher Education  
NCORE 2006 • May 30 through June 3, 2006  
Hilton Chicago • Chicago, Illinois

To Ensure Your Exhibit Space, ALL Applications for NCORE 2006 Exhibits  
Must Be Received AND Paid in Full by **April 14, 2006**

Contact Person: _____	<b><u>Non-Profit Organization</u></b>	<b><u>FEE:</u></b>
Title: _____	Exhibit Booth	<input type="radio"/> \$1,200.00
Organization: _____	Exhibit Booth & 1/2 Page Ad	<input type="radio"/> \$1,537.50
Street Address: _____	Exhibit Booth & Full Page Ad	<input type="radio"/> \$1,725.00
City, State, Zip: _____		
Phone: _____	<b><u>Commercial Entity</u></b>	<b><u>FEE:</u></b>
Fax: _____	Exhibit Booth	<input type="radio"/> \$1,600.00
Email: _____	Exhibit Booth & 1/2 Page Ad	<input type="radio"/> \$1,937.50
Federal ID#: _____	Exhibit Booth & Full Page Ad	<input type="radio"/> \$2,125.00

Please describe the nature of the materials, processes, or services to be exhibited:

\_\_\_\_\_

If you are planning to offer items for sale, please fill out the following:

Price Range of items offered: \$ \_\_\_\_\_ to \$ \_\_\_\_\_ Average Price \$ \_\_\_\_\_

**NOTE:** Payment of the exhibitor fee is for the standard booth package described on the Exhibitor Information page and is inclusive of exhibit security for your booth during periods when the exhibit is not open. The Exhibitor is responsible for payment of any additional items and Audio/Visual Equipment requested from the decorating contractor with Direct Billing to Exhibitor. The decorating company will prepare and mail an Exhibitors Service Kit to Each Pre-paid Exhibitor.

**IMPORTANT NOTICE:** I understand that exhibitor space is available on a paid, first-come, first-served basis and that my organization is responsible for payment of any additional items and audio/visual equipment requested from the the Exhibit Company. Upon receipt of this application, the Southwest Center for Human Relations Studies will send me an exhibitor contract.

**METHOD OF PAYMENT:**

Check Number: \_\_\_\_\_ (Please make checks payable to: The University of Oklahoma)

Purchase Order Number: \_\_\_\_\_

Credit Card:  Mastercard  Visa  American Express  Discover

Account Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Application must be Mailed or Faxed to:

Justin Lincks, NCORE Exhibit Coordinator (lincks@ou.edu)

Southwest Center for Human Relations Studies

2350 McKown Drive, Norman, Oklahoma 73072

Phone: (405) 292-4172 Fax: (405) 292-4177