



ALABAMA SOCIETY OF PROFESSIONAL LAND SURVEYORS

AN AFFILIATE OF THE NATIONAL SOCIETY OF PROFESSIONAL LAND SURVEYORS AND THE AMERICAN CONGRESS ON SURVEYING & MAPPING

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The Alabama Society of Professional Land Surveyors 54th Annual Fall Conference & Tech Expo

October 17 - 20, 2017

Pelham Civic Complex
500 Amphitheater Road, Pelham, AL 35124

Exhibitor Rates - \$650/booth

- Over 225 land surveyors licensed in Alabama are expected to attend
- Setup afternoon of Tuesday, October 17
- Hours 7:00 – 5:00 Wednesday and Thursday, October 18-19
- Optional social night Thursday October 19, 5:15 pm Bowling/Dinner \$40 additional fee
- Optional golf tournament Tuesday October 17, 12:00 pm \$75 additional fee

Exhibitor Booth Information

- All booths are 8' x 8'.
- Each booth will include 8' back and side draping, 1 - 6' skirted table, 2 folding chairs, waste basket, and 120 Volt Electrical Outlet (0-500 watts/1.5 amps)
- Max number of booth rentals: 3
- Booth(s) location is at the discretion of the Executive Director

Cancellation Policy

Refunds due to cancellation will be processed as follows:

- Through September 30, 2017: Full refund minus 10% of total rental amount.
- No refunds after September 30, 2017.

EXHIBITOR/SUPPORTER REGISTRATION FORM – BELOW OR ONLINE AT WWW.ASPLS.ORG

Contact Person: _____ Organization/Company: _____

Address: _____

Phone: (____) _____ ext. _____ E-mail: _____

Exhibit Fees (please see the description on the first page for what fees include):

Number of booths ____ x \$650 per booth Total \$ _____

Number for optional golf Tuesday afternoon ____ x \$75 per attendee Total \$ _____

Number for optional social Thursday evening ____ x \$40 per attendee Total \$ _____

Sponsorships: Includes online & conference signage/recognition, signage at Golf & Bowling

Gold Support \$3,000

Silver Support \$1,500

Total Amount Authorized to Charge: Total \$ _____

Payment Method:

Check payable to: **ASPLS (Mail to 3416 Primm Ln, Birmingham, AL 35216)**

Credit card: _____ MasterCard _____ VISA _____ American Express

Cardholder's Name _____

Card Number _____ Expiration Date _____

Card CVC Code _____ If billing address differs from information above, please include billing address:

Billing Phone Number: _____

Description of Your Organization: _____

Please Return the Registration Form and Payment to:

ASPLS

3416 Primm Lane

Birmingham, AL 35216

Email aspls@primemanagement.net or fax 205-823-2760. Questions? Call ASPLS at 205-824-7700.

Due to limited space, we recommend faxing or emailing this form to reserve your booth.