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American Society

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Questioned Document Examiners

P. O. Box 18298
 Long Beach, CA 90807



2008 Exhibitor/Supporter/Sponsor Payment Form

The Asheville Renaissance Hotel – Asheville, North Carolina

Vendors and Exhibitors Show – Monday, August 18 and Tuesday, August 19, 2008

Please submit this form and deposit payment, along with your signed Exhibitor Agreement, to be received on or before June 1, 2008 to reserve your space. Spaces are assigned in order of receipt.

ASQDE Use Only: Exhibitor # _____ Date Received: _____

Company Name: _____

Contact Name: _____ Tel: _____

Billing Address (if paying by credit card) _____

City / State / Zip _____

Fax: _____ Email: _____

Attending Reps (for nametags): _____

EXHIBITOR AREA	TOTAL CHARGES Exhibitor: \$750 Supporter: \$1500 Sponsor: \$5000	LESS DEPOSIT PAID NOW Nonrefundable Deposit Due 6/1/08 Exhibitor: \$250 Supporter: \$750* /Sponsor: \$1000**	EQUALS Balance Due 8/1/08 Exhibitor: \$500 Supporter: \$750 Sponsor: \$4000
8' x 10' Display Area (6' draped table/2 chairs)			

My company wishes to participate as a(n): Exhibitor (\$750) Supporter* (\$1500) Sponsor** (\$5000)
 I understand that in lieu of a \$250 deposit, a \$750 or \$1000** nonrefundable deposit paid now will go towards securing my exhibit space and providing the benefits of the level of support indicated, and the balance will be due 8/1/08. I am submitting the signed contract AND the List of Benefits with my selections initialed. (ASQDE is a 501(c)(3) nonprofit organization (Tax ID 23-7169765). Payments over the \$750 exhibitor fee may be tax-deductible. Please consult your tax advisor.)

METHOD OF PAYMENT OF DEPOSIT (due 6/1/08)

Visa MasterCard Amex Check ("ASQDE")

 Name on Credit Card Exp Date

 CCV* _____

Account Number

*The CCV number is REQUIRED for processing. On Amex cards, it is a 4-digit number on the front of the card above card number. On Visa or MasterCards, it is the last 3 digits in signature strip on the back of card.

METHOD OF PAYMENT OF BALANCE (due 8/1/08)

YES, please charge the same credit card for the balance of \$_____ due on 8/1/08 (card will not be charged until 8/1/08).

NO, I will mail a check to address above for the balance of \$_____ to be received on or before 8/1/08.

X _____
 Authorizing Signature

If paying by credit card, this form, the Exhibitor Agreement, and List of Benefits may be faxed to Nanette Davis at 562/901-3378. To pay by check, mail to the P. O. Box. Credit card deposits may be submitted online at www.asqde.org

President Vice-President Treasurer Secretary Director Director
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