



# 30th Annual Southeast Recycling Conference & Trade Show

Conference: March 12-15, 2017 • Trade Show: March 12-14, 2017

Destin, Florida



## EXHIBIT SPACE RESERVATION FORM

**Exhibit space includes one 8'x10' booth which includes one 6' table, draped and skirted, one sign, one wastebasket, two chairs. Participation will include a listing of your firm in meeting materials and two (2) full registration for all conference activities.**

Name: \_\_\_\_\_  
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Please complete the following section as appropriate:

Exhibit Booth [Price includes 2 registrations]:

[ ] \$1,697 Until – December 31, 2016

[ ] \$1,897 After December 31, 2016

Additional Representatives: [ ] \$217 ea X \_\_\_\_\_

Total: \$ \_\_\_\_\_

You can also make payment using the Southeast Recycling Conference Secure On-Line Payment System:  
<http://southeastrecyclingtradeshow.com> or complete this form and fax to 850-386-4321.

**Payment Method:** [ ] Check (Make checks payable to: **Southeast Recycling Conference**)

[ ] Credit Card

[ ] VISA

[ ] MasterCard

[ ] AMEX

Credit Card Number: \_\_\_\_\_

Name on Credit Card (Please Print): \_\_\_\_\_

Card Security Code (MC or VISA 3 digit # on back of card : AMEX 4 digit # on front of card): \_\_\_\_\_

Expiration Date: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Billing Address (if different than above): \_\_\_\_\_

Signature: \_\_\_\_\_

**Exhibit Cancellation Policy:** Because we will be promoting your firm/organization on our web site, in our promotional emails and our Facebook Fan Page and LinkedIn Group Page no refunds will be given for cancellations. You may request a credit for a future SERC event.

Please respond by fax, e-mail, or by mail to:

SERC 2017  
Attn: Nicki Mayfield  
Post Office Box 38070  
Tallahassee, FL 32315

telephone: 850-558-0609  
fax: (850) 386-4321  
e-mail: [nicki@eicmlc.com](mailto:nicki@eicmlc.com)



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## EXHIBIT SPACE RESERVATION FORM (CONTINUED)

### Representative 2

Contact Person: \_\_\_\_\_  
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

### Representative 3

Contact Person: \_\_\_\_\_  
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

### Representative 4

Contact Person: \_\_\_\_\_  
(last name) (first name) (middle initial) Title: (Mr./Ms./Dr.)

Organization: \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Electronic Mail (e-mail) Address: \_\_\_\_\_

Please respond by fax, e-mail, or by mail to:

SERC 2017  
Attn: Nicki Mayfield  
Post Office Box 38070  
Tallahassee, FL 32315

telephone: 850-558-0609  
fax: (850) 386-4321  
e-mail: nicki@eicmlc.com