

Exhibit Application Form

Contact Details

Please note all correspondence including invoiced will be sent to the contact supplied below.

Company or organization name _____

Contact person _____

Position _____

Phone _____

Email _____

Address _____

State _____ Zipcode _____ Country _____

Website _____

Exhibit Opportunity

All sponsorship prices are in US dollars.

Exhibition Display Table \$3,000



I agree to be invoiced for a total of \$_____ for the items selected above.

Signature _____ Date _____

Exhibition confirmation will be sent upon receipt of your application form.

Payment form

I wish to pay by bank check.

I wish to pay by credit card as per the total above to be debited to:

Visa MasterCard Amex

Credit card number _____ / _____ / _____

Cardholder's name _____

Signature _____ Expiration Date _____

Please note: All credit card payments will appear as ACM on your statement.

Application forms may be sent to:

Email: cikm.indy2016@gmail.com

Phone: 317-274-0364 / 317-274-3327