Association of Collegiate Schools of Architecture and the American Institute of Architecture Students
Graduate Architecture College + Career Expo

September 28, 2013
On the campus of Academy of Art University

SCHOOL EXHIBITOR REGISTRATION FORM

Thank you for your interest in participating in the Graduate Architecture College + Career Expo. Please fill out the following information and fax to 202.628.0448, or email to Danielle Dent ddent@acsa-arch.org. Registrations must be received by Monday, September 16, 2013. Follow up information will be emailed to you once the form is received.

Contact Information for Fair Attendees (includes registration for 2 representatives)
All correspondence will be sent to both contacts listed below.

Full Name___________________________________________________________
Nickname (badge)____________________________________________________________________________________
Full Name of School___________________________________________________________
Mailing Address _____________________________________________________________________________________
City ____________________________________________ State_____________ Zip Code _________________________
Phone _______________________________ Fax ___________________________________________
Email______________________________________________________________________________________________

2nd Representative Full Name_______________________________________________
Nickname (badge)____________________________________________________________________________________
E-Mail _____________________________________________________________________________________________
Website___________________________________________________________________________________________

Name of person filling out this form (if different from above)________________________________________________
E-mail _____________________________________________________________________________________________
Schedule of Events
8:30am – 10:00am  Exhibitor Registration and Set-Up
                      (other specifications)
10:00am – 3:00pm   Exhibit Hall Open, Portfolio Critiques, and Information Sessions
11:00am – 3:00pm   Exhibit Hall Open, Portfolio Critiques, and Information Sessions
11:30am           Panel Discussion
12:00pm           Lunch provided (please contact Danielle Dent, ddent@acsa-arch.org, with any food allergies or
                   other specifications)
12:30pm           Panel Discussion
1:30pm            Software Demonstration by Graphisoft

Fees:
$450 for one non-member rate Expo registration
OR
$350 for one member rate Expo registration
OR
$300 for AIAS Collegiate Associates Expo registration

Booth Registration Includes:
• Full registration for two representatives from your school
• One 6-foot table
• Two chairs
• Sign with name of school
• List of student registrants provided after event for follow-up contacts
• Link on the Architecture College + Career Expo website

Exhibitor Rules:
• One table per school exhibiting
• Exhibit must be staffed at all times during the event
• Electricity may not be available at all tables; plan to bring battery power for laptops
• Displays at the exhibit may be no higher than 5 feet off the ground or 30 inches off a tabletop
• Payment must be received before the date of the Expo

Losses
ACSA/AIAS shall bear no responsibility for damage to Exhibitor’s property or for lost shipments either arriving at or departing from the event, nor for moving costs. Damage to such property is Exhibitor’s own responsibility. ACSA/AIAS advises exhibitors to insure against these risks.

Cancellation Policy
Cancellations must be received in writing, no later than Friday, September 20, 2013 to qualify for a refund less a processing fee of $75. Unpaid purchase orders will be billed at the full rate specified in the order unless cancelled before the deadline. Standard cancellation fees will apply.

I have read the exhibitor rules and cancellation policy, and agree to participate in the event.

Signature: _________________________________________________________________________________________
Payment Information

Option 1

First Name_________________________________ M.I.____ Last___________________________________
(Credit Card holder – as it appears on your credit card)

Billing Address______________________________________________________________________________
___________________________________________________________________________________________
___________________________________________________________________________________________

Type of Credit Card (Please check one)

VISA__________ Mastercard__________ AMEX__________

Credit Card
Number______________________________________________________________

Expiration Date______/______/______ Security Code______________________________________________

Amount Authorized: $__________________________

Option 2

I have enclosed a check in the amount of______________dollars.

Signature_____________________________________ Date___________________________________________
(authorized signature)