



Explorer... Inventor... Scientist

"I am the Future"

2010 High Tech Fair

Connecting today's STEM professionals with tomorrow's talent...

March 10, 2010

Wyland Hall, Del Mar Fairgrounds

Exhibitor Registration

Company Name _____

Check if company is non-profit government or educational institution. **Website Address** _____

Mailing Address _____

City _____ **State** _____ **Zip Code** _____

Name of Contact Person _____ **Title** _____

Contact email _____ **Contact Phone** _____

Please select the one learning strand that best describes your exhibit:

- | | | |
|---|--|--|
| <input type="checkbox"/> Biotech/BioMedical | <input type="checkbox"/> "Clean" Technology | <input type="checkbox"/> Conservation/Environmental Science/Agriculture Technology |
| <input type="checkbox"/> Engineering/Aerospace/Transportation | <input type="checkbox"/> Healthcare Technology | <input type="checkbox"/> High Tech/Computer Technology/Telecommunications |
| <input type="checkbox"/> Innovation Alley | <input type="checkbox"/> Robotics | <input type="checkbox"/> Student STEM Showcase |

Please provide a brief description of your exhibit: _____

EXHIBIT ORDER

Your tax-deductible registration is \$600 and includes the following:
 (Exhibitor rate for non-profits, government and educational institutions is \$200.)

10X10 Exhibit Space	Included
One 8' Skirted Table & 2 Chairs	Included
Electricity (Standard 500 Watts)	Included
Transportation Fund Support*	Included
Exhibitor Refreshments	Included

Please Identify additional services required: **Indicate Quantity**

- Additional Electric (over standard) @ \$40
- Additional 10X10 Space @ \$40
- Additional Skirted Table & 2 Chairs @ \$35
- Phone Line (Billed Directly by Supplier)
- ISDN Line (Billed Directly by Supplier)
- DSL /Internet (Billed Separately)

Payment Method:

- Will mail check, please send an invoice.
- Pay by Credit Card.

If paying by credit card please complete the form below.

* A receipt will be mailed upon processing of credit payment.

Type of Card (please circle): **VISA MC AMEX**

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____

I hereby authorize San Diego Science Alliance (SDSA) to charge the credit card referenced above in the amount of \$ _____

Cardholder Signature: _____