



57th Annual Measurement and Pipeline Institute Application for Exhibit Space September 15th and 16th, 2009

We hereby apply for exhibit space in the above named Institute and agree to abide by the rules and regulations set down by the Petroleum Industry Education Committee as published in the Basic Terms & Conditions.

APPLICATIONS NOT ACCEPTED UNTIL JUNE 22nd, 2009

Applicant Firm		
Mail Address	Email address:	
City	State	Zip Code
Telephone Number:	Fax #:	
Booth location preferred? (If you require more than 1 booth - please enter all booth numbers under each choice) 1 st Choice: 2 nd Choice: 3 rd Choice: Outside Exhibit Space (N/C if exhibiting inside also) 9		
Special requirements (each booth will have access to one 5 amp electrical circuit, electrical requirements beyond this need to be listed here so that arrangements can be made)		*Your company's web address can be listed on the Measurement & Pipeline Institute's www.liberalgasinstitute.com website for a \$5.00 fee! YES! Please add my company's web address listed below:
Prefer to be grouped with		
Prefer NOT to be near		
Application made by (print):	Signature	
NAME OF PERSON(S) TO BE REGISTERED WITH BOOTH (\$75.00 each OR \$85.00 each after August 28th) & ADDRESS IF DIFFERENT FROM ABOVE COMPANY OR ATTACH BUSINESS CARD FOR EACH:		

Would you like promotional brochures mailed to your company? Yes How many No

Amount Due:

1 ST Booth space	\$175.00	<input type="text"/>	Participant per booth fee	\$75.00 ea	<input type="text"/>
2 ND Booth space	\$200.00	<input type="text"/>	Web Address Published	\$ 5.00	<input type="text"/>
Outside booth space only	\$ 50.00	<input type="text"/>			

Total Amount Due: \$

Payment may be made by check/money order (payable to SCCC) or by credit card.

Mail to: Seward County Community College-Area Technical School, Business & Industry Office, P.O. Box 1137, Liberal, Kansas, 67905 OR

Fax to: Reenie Jackson, S.C.C.C. Business & Industry - (620) 417-1179 **Phone:** (620) 417-1171

PLEASE CHARGE TO MY: (VISA) (MASTERCARD) (DISCOVER) (AMERICAN EXPRESS)

PRINT Name on Card Signature:

Address & Phone number of cardholder if different than above company:

Phone:

Card Number Expiration Date
 Amount Paid Method of Payment: Credit Card Check# Other