

INTERNATIONAL CONFERENCE & EXPOSITION ON ADVANCED CERAMICS AND COMPOSITES (ICACC25)

Daytona Beach, FL

Exhibit Dates: Tues., Jan. 28, 2025, 5:00 – 8:00 p.m. | Wed., Jan. 29, 2025, 5:00 – 7:30 p.m.

Exhibit Application

Exhibit Dates: January 28 – 29, 2025

APPLICATION MUST BE COMPLETED IN FULL BY THE EXHIBITOR

Rental Rate*

10 ft wide x 10 ft deep — \$2,095

*ACerS Corporate Members may deduct \$200 from the rental rate.

Booth Selection

1st Choice _____

2nd Choice _____

3rd Choice _____

Competitors:

Please list all companies that you DO NOT WANT to be located near. ACerS will make every effort to comply with this request.

Rental Includes:

- Draped 8-ft-high back wall and 3-ft-high side rails.
- Show floor is carpeted.
- 6-ft skirted table with 2 sides chairs, wastebasket/liner.
- One (1) standard electrical outlet (500-watt).
- ID sign with company name and booth number.
- One Full-Conference Admission for one company representative.
- Admission to Exhibit for up to three company representatives to staff the booth.
- Complimentary admission to the Exposition Only for your customers and prospects.
- Complimentary listing in Online Expo Directory that will appear on www.ceramics.org from May 1, 2024 through January 31, 2025.
- Complimentary listing in "ICACC Show Directory."
- An electronic list of all attendees (names and addresses only) will be available upon request by March 1, 2025.

Contact

Should you have any questions please contact:

Mona Thiel mthiel@ceramics.org
The American Ceramic Society Phone: 614-794-5834
550 Polaris Parkway, Suite 510
Westerville, Ohio 43082



Exhibitor Company Name (AS IT SHOULD APPEAR ON ALL PERTINENT EXHIBITOR LISTINGS – If "The" is the first word of the Company name, we will alphabetize by the second word of the Company name). **PLEASE PRINT CLEARLY!**

Web site: _____

Address: _____

Contact Person for all Correspondence and Service Manual

Name: _____

Title: _____

Telephone: _____

Facsimile: _____

E-mail: _____

Mailing/Shipping Information (if different from above – no PO Box)

Address: _____

Sales and Marketing Manager: _____

Exhibitor Authorized Signature ↑

Date ↑

Payment Schedule

A 50% non-refundable deposit is due with submission of this contract or within 30 days of invoice. **Final payment is due October 1, 2024.**

If cancellation is received before October 1, 2024 only the non-refundable deposit will be retained by ACerS. Exhibitors cancelling after October 1 are liable for the total space rental fee.

Payment Information:

Check enclosed for \$ _____ (check payable to The American Ceramic Society in U.S. dollars drawn on a U.S. bank)

Please mail payment to: The American Ceramic Society
L-2625
PO Box 600001
Columbus OH 43260-2625

Or fax payment at: (614) 899-6109

For use by Exposition Management Only

This contract is accepted and assigned booth number _____, size _____, at a cost of \$ _____.

Deposit of \$ _____ is hereby acknowledged.

Accepted by: _____

Date _____