



**2019 STN Convention**  
 March 28-31, 2019  
 Standard Exhibitor/Sponsorship Agreement

All items are pursuant to the Vendor Opportunities sheet requirements, regulations and restrictions. Sponsorships and Exhibit Space Reservations are based on availability at the time of payment. The Company Contact is the person you are designating to receive all correspondence from STN. The Listing Contact is for printed pieces.

**OFFICIAL COMPANY NAME FOR LISTINGS/SIGNAGE:** \_\_\_\_\_

**YOUR COMPANY CONTACT PERSON FOR CONVENTION DETAILS:** \_\_\_\_\_

CONTACT PHONE: \_\_\_\_\_ CONTACT EMAIL: \_\_\_\_\_

CONTACT MAILING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

**PRINTED MATERIALS (PROGRAM BOOK, WEBSITE, ETC.)**

**COMPANY CONTACT PERSON FOR PRINTED LISTINGS:** \_\_\_\_\_

COMPANY PHONE: \_\_\_\_\_ COMPANY FAX: \_\_\_\_\_

CONTACT EMAIL FOR PRINT \_\_\_\_\_ COMPANY WEBSITE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

VENDOR BADGE #1: \_\_\_\_\_ VENDOR BADGE #2: \_\_\_\_\_

**PLEASE ACCEPT OUR REGISTRATION FOR THE FOLLOWING ITEMS:**

Exhibit Booth – 8' x 10'	3 booth # choices: _____	\$1,560. (cc) _____
Program Book Space	Detail: _____	\$ _____
Sponsorship	Detail _____	\$ _____

**TOTAL ORDER** \$ \_\_\_\_\_

A 50% cancellation fee will be charged if you cancel between Nov 24, 2018 and Feb 15, 2019. After Feb. 15, 2019, no refunds can be made. Please deduct 4% for pay by check orders.

**Payment Information** (Full payment must be received with this registration)

**STN PREFERRED PAYMENT BY CHECK:**  Payment Enclosed (Make checks payable to Student Television Network)

Booths paid by check are \$1500.

Charge Via:  VISA  MasterCard  Discover  American Express

**Please provide the following credit card information. Booths paid by credit card are \$1560.**

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Print name as it appears on card: \_\_\_\_\_

Security Code: Visa/Master/Discover: [ \_\_\_\_\_ ] 3 Digits Back of Card American Express [ \_\_\_\_\_ ] 4 Digits Front of Card

CARD BILLING ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_