

ASSOCIATION OF INDEPENDENT COMPRESSOR DISTRIBUTORS
2009 EXHIBITOR REGISTRATION
24TH ANNUAL GENERAL MEMBERSHIP MEETING
HILTON SANTA FE RESORT & SPA – SANTA FE, NM
MAY 17-19, 2009



COMPANY _____

ADDRESS _____

CITY/STATE/ZIP _____

TELEPHONE () _____ FAX () _____

CONTACT: _____ EMAIL: _____

NAME OF PERSON(S) ATTENDING (Please include name(s) of spouse / guests)
ATTENDING SPEAKER PROGRAM

_____ (Y/N) _____

_____ (Y/N) _____

_____ (Y/N) _____

_____ (Y/N) _____

Please advise of any substitution of attendees following registration.

Freestanding Equipment Description _____

Display Includes Freestanding Backdrop ___ Yes ___ No

Number of 8' tables/booths requested ___ (Exhibit space is approximately 8' x 10')

Check enclosed for \$1,795.00 x number of booths = \$ _____

Please mail your registration fee of \$1795.00 per booth by January 9, 2009

MAKE CHECKS PAYABLE TO: A.I.C.D. 3458 S. Pine Island Rd. Beaumont, TX 77713

No refunds will be made for cancellations received after April 15, 2009. Please advise of any cancellation in writing. A.I.C.D. assumes no responsibility for the shipping or handling of display materials, nor for timely arrival of materials at the exhibit site.