

ASSOCIATION OF INDEPENDENT COMPRESSOR DISTRIBUTORS
2010 EXHIBITOR REGISTRATION
25TH ANNUAL GENERAL MEMBERSHIP MEETING
SAWGRASS MARRIOTT RESORT PONTE VEDRA, FL
MAY 16-18, 2010

DISTRIBUTORS

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.

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 11, 2010

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, 2010. 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.