

	The International Association for the Study of Dreams			EXHIBIT APPLICATION	
				IASD 27th Annual International Conference	
				Crowne Plaza Resort	
				June 27 – July 1, 2010	
			www.asdreams.org/2008		

Company Name			
Primary Contact			
Address			
City			
State		Zip Code	
Email		Telephone	
Website			

Company Description: (50 word limit). Please type or print clearly.

Exhibit Table Rates				Total Amount
Number of 6ft. Tables _____	Non-Profit	Rental Fee - \$150	EIN Number:	
Number of 6ft. Tables _____	For Profit	Rental Fee - \$250		

Payment Information (due by April 15th, 2010)

Check – made payable to IASD (U.S. Funds drawn on U.S. bank only.)

Card #	Expiration Date	Validation Code
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On Visa and MasterCard, the validation code is the last 3 numbers in the signature box.

Name on Card _____

Signature _____

Billing Information for credit card

Name _____

Street _____

City, State, Zip Code _____

Submit Completed Form To:	Or via Email or Fax:
Jacque Lewis	Email: jacque@asdreams.org
IASD Exhibits	Fax: 773.925.8227
5012 S. Washtenaw Ave.	Phone: 773.925.8227
Chicago, IL 60632	Note:
Mail Check w/copy of Exhibit Application Form to:	:
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