



Exhibit Reservation Form

Reservation Date:

Membership Type:

Company:

of Employees attending:

Division:

Space requested: 6 foot table: 10' x 10' space Special delivery request:

Special Requests:
You will be contacted.

Type of Business (Check only one):

- SOCIETY ORGANIZATION INSTITUTION ASSOCIATIONS UNIVERSITY
- SCIENCE CENTER COLLEGE K-12 FOUNDATION OTHER

CONTACT REPRESENTATIVE:

Title:

Authorizing Signature: _____ Date: _____

First Name: MI:

Last Name:

GENERAL INFORMATION:

Address 1:

Address 2:

City: State/Province:

Postal Code: Country:

OTHER COMMENTS:

Work Phone: Extension:

Work FAX#: Cell Phone:

INTERNET INFORMATION:

E-mail Address:

Website Address:

Membership in the OISC is not required to participate in this event.
Your financial support will help the OISC with this and future programs

Annual Membership Dues

- Founding Sponsor \$5000
- Benefactor \$2500
- Supporter \$1000
- Corporate \$500
- Company \$250
- Associate \$100
- Individual \$50
- Student \$25

Please send or fax completed form to the address below.

Checks can be sent to the address below.

You can also join the OISC on-line at <http://oisc.net> click on:

