



# 2024 Innovative Ideas Institute Exhibitor Registration

June 16-18, 2024 · Kingston Plantation · Myrtle Beach, SC



## COMPANY INFORMATION

(AS IT WILL APPEAR ON FLOOR PLAN AND IN ALL SHOW MATERIALS)

Company/Organization Name \_\_\_\_\_

Company Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Company Web Address \_\_\_\_\_

Company Phone Number \_\_\_\_\_

Representative Name \_\_\_\_\_

Representative Email \_\_\_\_\_

## REPRESENTATIVE INFORMATION

(2 representatives are included in booth fee):

Representative 1 \_\_\_\_\_ Email Address \_\_\_\_\_

Representative 2 \_\_\_\_\_ Email Address \_\_\_\_\_

**Additional Representatives are \$100 each. Please list the names and email addresses below.**

Representative 3 \_\_\_\_\_ Email Address \_\_\_\_\_

Representative 4 \_\_\_\_\_ Email Address \_\_\_\_\_

Representative 5 \_\_\_\_\_ Email Address \_\_\_\_\_

## OTHER REQUIRED CONTACT INFORMATION

(THIS PERSON WILL RECEIVE ALL CONTACT INFORMATION FROM SCASA.)

Exhibits Contact Name \_\_\_\_\_ Title \_\_\_\_\_

Contact Email Address \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

## EXHIBIT SPACE FEES

**Business Affiliate Member:**

Booth: \$1250

**Non-Business Affiliate Member:**

Booth: \$2000

## INCLUDED IN BOOTH FEE

**Electricity** (electricity is included in the fee; however, please note if you will need it): Yes \_\_\_\_\_ No \_\_\_\_\_ **Internet:** included in booth fee

## ADDITIONAL REGISTRATION OPTIONS

Mobile App Advertisement: \$400

Additional Electrical Outlets: \$50

Business Affiliate Membership Fee: \$750

## EXHIBIT BOOTH REQUEST

*Returning exhibitors from the 2023 conference received priority until January 26, 2024. After January 26, exhibits are assigned on a first-come, first-served basis. The exhibit hall layout is the same from last year.*

I would like the booth I had in 2023: Yes \_\_\_\_\_ No \_\_\_\_\_

If you do not want the same booth you had in 2023, please list your first three choices below.

First Choice: \_\_\_\_\_ Second Choice: \_\_\_\_\_ Third Choice: \_\_\_\_\_

## PAYMENT INFORMATION - **A 50% deposit must be received with registration form.**

**Total Cost of Booth** (include additional representatives, additional electricity, BA membership, additional registration options, if applicable): \_\_\_\_\_

Select:  Full payment  50% deposit

Check # \_\_\_\_\_ (made payable to SCASA)

Credit Card

Credit Card # \_\_\_\_\_ Expiration \_\_\_\_\_ Security Code \_\_\_\_\_

Name as it appears on card \_\_\_\_\_ Billing Address \_\_\_\_\_ Signature \_\_\_\_\_

I, the undersigned, hereby make contract for exhibit space at the 2024 SCASA Innovative Ideas Institute. I am an authorized representative of the company and with the full power and authority to sign and deliver this Contract. I hereby agree to the rules and regulations of exhibition with SCASA.

Print Name \_\_\_\_\_ Signature (no electronic signatures) \_\_\_\_\_ Date \_\_\_\_\_