



# Turbomachinery Laboratory

Texas Engineering Experiment Station  
The Texas A&M University System  
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**RETURN BY FAX TO:**  
**EXH Services**  
**979-845-1835**

## Intent to Exhibit Form

### A fax message from:

Contact Person: \_\_\_\_\_

Company Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Package Address: \_\_\_\_\_  
(if different)

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Website: \_\_\_\_\_

Email: \_\_\_\_\_

NOTE: The email address provided here will be used for communication purposes with the TL only. Provide an email address to be published in the Exhibitor Directory:

How did you hear about our Show?  
\_\_\_\_\_

Our company would like to exhibit at the 39th Turbomachinery Symposium. Following are our first three choices for the booth selection.

FIRST CHOICE: \_\_\_\_\_

SECOND CHOICE: \_\_\_\_\_

THIRD CHOICE: \_\_\_\_\_

*Each 10'x10' booth: \$2500.00*

*Each Island: \$2500.00 per 10'x10' increment*

TOTAL COST: \$ \_\_\_\_\_

***Payment will be due in full by May 14, 2010 or within 10 days of receipt of invoice whichever is later.***

*I affirm that I am authorized to make this decision for my company. I also understand that this booth reservation will be forfeited if payment in full is not received by the stated deadline.*

\_\_\_\_\_  
Printed name of authorizing person

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date