



Publication Cubicle Rental

2014 Offshore Technology Conference
5– 8 May 2014 | Houston, Texas, USA

General Conditions

- The name(s) of the publications will appear as written on this form in all printed materials and signs relating to the terms of this purchase.
- OTC will only place those publications listed on this form in the publication cubicles at OTC.
- Only trade journals or magazines are eligible. Newsletters, brochures, or other promotional materials are not permitted. Any other publications shipped will be disposed of without notification or cause.
- The publisher will ship publications to the exact address provided by OTC.
- The quantity of publications shipped is at the discretion of the publisher. OTC will not pay for shipping of publications to the event or to the publisher after the event.
- Any issues regarding the display of the publication(s) should be addressed on-site with OTC exhibit management during the conference.
- One publication cubicle is valued at USD \$1,750.00
- This rental agreement pertains only to OTC and does not imply or constitute any endorsement or partnership between the publisher and OTC.

Section 1: Publication name(s) exactly as it (they) will appear in print and in on-site signage

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Section 2: Publication will purchase

	Quantity	Rate (USD)	Total
Publication cubicle in the registration area of the conference		\$ 1,750.00	
TOTAL VALUE PURCHASED			

I have reviewed the rental agreement, understand its terms, and can fulfill these commitments as stated.

Publication Information

Publisher Name:	(if different from publication name)		
Contact:	Signature:		
Position:	Date:		
Mailing Address:	Telephone:		
	Email:		

This form is your invoice. Payment is due upon ordering. Please remit full amount with this form.

Payment Option 1: Along with this form, send check payable to Offshore Technology Conference to:

Address:	OTC Sales Department 222 Palisades Creek Drive Richardson, Texas 75080		
Telephone:	+1.972.952.9494	Email:	sales@otcnet.org

OTC Internal Use

Form Received:		Full Payment Received:	
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COMPANY NAME	BILLING ADDRESS OF CREDIT CARD		