



Midwest City Chamber of
 Commerce - CEDC
 P.O. Box 10980
 Midwest City, Oklahoma 73140
 Phone: (405) 733-3801
 Fax: (405) 733-5633
www.AfterCareers.com

I/We hereby register to rent exhibit space at the AfterCareers career fair to be conducted at the Reed Center in Midwest City, Oklahoma on the date specified below, and agree to all of the terms and conditions of this agreement.

Company Name _____

Authorized Applicant: _____

Address: _____

City/State/Zip: _____

E-mail _____

Telephone: _____ Fax: _____

ITEM	FEES	QUANTITY	TOTAL AMOUNTS
<input type="checkbox"/> AfterCareers Exhibit Space – Nov. 17 th , 2008	\$300		
		GRAND TOTAL	

I/We acknowledge that this application becomes a contract when signed by me/us and accepted by the Midwest City Chamber of Commerce Community & Economic Development Committee (CEDC). I/We further understand that the rental fee per exhibit space includes only those services as set forth by the exhibit prospectus.

The CEDC will cancel our application and release the exhibit space, OR we will be charged the increase of \$50 per booth if payment in full is not received by the CEDC on or before the date of the event (with the exception of government agencies, educational institutions and Native American tribes).

 Signature/Title

 Date

PAYMENT INFORMATION

Check should be payable to CEDC-AfterCareers.

PAYMENT OPTIONS

- Mail completed application and payment to: CEDC, P.O. Box 10980, Midwest City, OK 73140
- Check here for credit card payment
- Check here to request an invoice (please add \$25 to your order for the invoice processing fee)

Please contact David Burnett, Director of *AfterCareers*, C/O Midwest City Chamber of Commerce, (405) 733-3801 or david.burnett@midwestcityok.com with questions, concerns, or comments.

Provide the following information for all credit card orders:

I hereby authorize the amount of \$_____ to be charged to the following credit card:

- Visa Master Card Discover Card

In the interest of security, you may omit the Credit Card Number and expiration date from this form. We will phone the authorized person to complete the transaction. Please provide the name and phone number of the Authorized Person below.

Credit Card Number: _____

Expiration Date: _____

Signature: _____ Date: _____

Name of the authorized person _____

Phone number of the authorized person _____