To reserve a table at this event, choose one of the following:

1. **Scan and attach** this form to an email. Submit to Sindy Hail (shail@acda.org).
2. **Fax** (no cover sheet) this form to (405) 232-8162. *Do not fax your form if mailing a check or PO.*
3. **Mail** this form to ACDA, Attn: Sindy Hail, 545 Couch Drive, Oklahoma City, OK 73102.

**CONTACT INFORMATION**
*please print clearly*

Institution: ___________________________ Contact Name: ___________________________
Phone: ___________________________ Fax: ___________________________
Email: ___________________________ Web Site: ___________________________

**ACDA MEMBERSHIP**

*Circle A, B or C. An ACDA member using his/her individual membership to submit this form must be registered for the conference before this reservation is accepted.*

A: Current Member Number ___________________________

B: We would like to renew our membership:
   NUMBER ___________________________
   TYPE  _____ Institution [$125] _____ Industry [$150] _____ International [$170]

C: We would like to join ACDA today.
   TYPE  _____ Institution [$125] _____ Industry [$150] _____ International [$170]

**PAYMENT**

<table>
<thead>
<tr>
<th>COLLEGE FAIR TABLE</th>
<th>MEMBERSHIP DUES (if applicable).</th>
<th>TOTAL PAYMENT DUE</th>
</tr>
</thead>
<tbody>
<tr>
<td>$100</td>
<td>$____</td>
<td>$____</td>
</tr>
</tbody>
</table>

All fees must be payable in US Dollars. Select one payment type below.

**CHECK # __________  PO# __________**

**CREDIT CARD.** *Visa, MasterCard, and American Express Only.*

___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ / 20 ___ ___ CVV 2: ___ ___ ___

Expiration Date: ___ ___ / 20 ___ ___

Name on Card: _____________________________________________
Card Billing Address: _____________________________________________
Billing City, State, Zip: _____________________________________________
Authorized Signature: _____________________________________________ Date: _____________

I agree to pay the total amount according to the credit card issuer agreement. I acknowledge that no refunds will be given. I understand that payment is due in full before a booth assignment is confirmed. ACDA is not responsible for USPS mail, shipping, fax, or electronic submission failures.

Send this form together with your payment. Do not send separately.