

2009
Exhibit for Nanoelectronic Devices for Defense & Security
(NANO-DDS)

Location
Bahia Mar Beach Resort & Yachting Center
801 Seabreeze Boulevard, Fort Lauderdale, FL 33316
September 28-October 2, 2009

EXHIBITION MANAGER: Electronic Device & Systems for Defense & Security Association (EDSDS)
10 Bedford Dr., Basking Ridge, NJ 07920
POC: Dr. Hong Liang Cui; TEL: 440-263-1038; EMAIL:admin@nano-dds.com

Exhibit Agreement

The organization or business designated below has made a formal application and payment for exhibit space and participation at the 2009 NANO-DDS to be held at the Bahia Mar Beach Resort & Yachting Center, Fort Lauderdale, FL.(Commodore Ballroom Foyer/Stateroom A & E).

Contract term: Monday 6:00 pm on September 28, 2009 until Friday 1:00 pm on October 2, 2009.

Exhibiting Company:

Headquarters City, State, Country:

Exhibiting Company Point-of-Contact Information:

Name: _____ Telephone: _____

Full Street Address: _____

City: _____ State: _____ ZIP: _____

Country: _____ URL(website address): _____

Email: _____

Exhibition Booth Information:

of booth spaces requested: _____ Total Payment @ \$2000/booth: _____

Booth Number(s). requested: _____

of Registrations desired (maximum 2): _____ Total Payment @ \$300/person _____

Exhibitor Attendee Information:

Exhibitors can purchase up to 2 discounted Registrations @ \$300/person. Once payment is received, the designated person(s) will be considered “registered” and no further action will be required on their behalf to attend the Exhibit/Conference. Attendees in excess of 2 persons must register at the Conference website www.nano-dds.com at the Conference rate of \$550.

Number of Registrations desired: _____ Total Cost @ \$300/exhibitor: _____

Exhibitor Payment Information:

(NOTE that booths will be assigned on a first-request priority basis and that there are only a limited number of booths available – see downloadable NANO-DDS-Exhibitor-INFO file at the website. The FORMAL CONTRACT for the requested booth space(s) and exhibitor registration(s) must be submitted and can be downloaded from the Conference website.

Make your check payable to “EDSDS” for a total of \$ _____ which represents the sum of the booth(s) fee and the # of discounted registrations requested.

The undersigned on the behalf of the organization or firm named above acknowledges this application to exhibit at the 2009NANO-DDS Conference and understands that ESDSDS has the right to accept the payments for the booth space and exhibitor registrations listed above.

Signature of Representative

Date

Please FAX an advance copy of this completed and signed registration form to:

Dr. HL Cui
EMAIL:admin@nano-dds.com
FAX: 302-258-0521
TEL: 440-263-1038

To fully execute this request, mail the completed and signed registration form along with the payment check to:

EDSDS
Attn: Dr. Greg Recine
83 Sylvan Street
Rutherford, NJ 07070-2138