

EXHIBITOR & SPONSORSHIP RESERVATION FORM

The undersigned Applicant, agreeing to be legally bound hereby, applies for exhibit booth space and/or sponsorship level opportunity in the International Color Association described above and is subject to the terms, conditions, and requirements stated herein.

The AIC, upon its written acceptance of this application is to assign exhibit booth space or sponsorship level to the Applicant under all of the terms, conditions, and requirements as aforesaid. Applicant applies for one of the available booth locations or sponsorship level at the fee indicated below. Booths and sponsorship levels will be assigned on a first-come, first-served basis.

The organizing committee has the right to amend booth locations if necessary.

I. EXHIBIT BOOTH SPACE (with reference to the enclosed floor plan, please indicate your booth choices)

1st Choice _____ 2nd Choice _____ 3rd Choice _____

If none of your requested booths are available at the time your application is being processed, we will make every attempt to assign space in proximity of the area requested.

BOOTH TYPE	FEE (INCL. 10%VAT)
Single Booth (3m deep x 3m wide)	<input type="checkbox"/> USD 2,300 or <input type="checkbox"/> KRW 2,500,000
Double Booth (3m deep x 6m wide)	<input type="checkbox"/> USD 4,000 or <input type="checkbox"/> KRW 4,400,000

II. SPONSORSHIP

PLATINUM	DIAMOND	GOLD	SILVER	BASIC
<input type="checkbox"/> USD 50,000	<input type="checkbox"/> USD 20,000	<input type="checkbox"/> USD 10,000	<input type="checkbox"/> USD 5,000	<input type="checkbox"/> USD 3,000
<input type="checkbox"/> Banquet	<input type="checkbox"/> Welcome Reception	<input type="checkbox"/> Coffee Break	<input type="checkbox"/> USB Flash Drive	<input type="checkbox"/> Nametag Lanyard
-	-	<input type="checkbox"/> Tote Bag	<input type="checkbox"/> Conference App	<input type="checkbox"/> Industry Seminars

III. COMPANY INFORMATION (Information as it should appear on Website and in Final Program)

Company Name _____ Mailing Address _____
City _____ State _____ Zip _____ Country _____
Phone _____ fax _____ Website _____

IV. CONTACT PERSON

Contact Name _____ Position _____
Phone _____ E-mail _____

V. PAYMENT INFORMATION (For bank transfer information, please contact aic2017@hdasan.com)

Credit Card Payment VISA MasterCard
Card Number _____ Expiry Date _____
Card Holder Name _____ Signature _____

Agreement: The undersigned acknowledges receipt of the "Basic Terms and General Exhibition Regulations" contained herein, and further agrees by these Basic Terms and General Exhibition Regulations.

Applicants' Signature _____ Date _____

Please complete form and return with payment to AIC 2017 Secretariat (aic2017@hdasan.com)