## AN INVITATION TO EXHIBIT

#### EASTERN SOCIOLOGICAL SOCIETY 89th ANNUAL MEETING & EXHIBITION

March 14-17, 2019 (Expo: 3/14-16) ~ Boston Park Plaza, Boston, MA

#### YOUR MARKET

Expect a quality audience of 1,800+ educators / scholars representing hundreds of colleges and universities on the Eastern Seaboard. A sample listing of attendees / university affiliations is available upon request.

#### **THEME**

THE EXHIBIT RENTAL FEE INCLUDES A COMPLETE ESS REGISTRATION LIST!

#### TRAFFIC BUILDERS

The exhibition is traditionally a highlight of the conference and is located in a high visibility area.

#### NEW BOOKS RECEPTION

ESS will continue a popular feature at the ESS 2019 Annual Meeting: The New Books Reception IN the Book Exhibit area. The event will (1) give authors of new books published in the past year an opportunity to display / talk informally about their work and (2) boost overall exhibit floor traffic.

Cocktail tables (for author presentations) are strategically placed throughout the exhibit area, plus light complimentary food service is provided. Admission to the event is free to all conference registrants.

Publishers / exhibitors are invited to be an official "sponsor". An optional modest fee at \$100.00 appears in the exhibit application. Appropriate sponsorship recognition is publicized among your target audience!

#### CONFERENCE PROGRAM ADVERTISING

An affordable combination discount for exhibitors is described in the application.

EXHIBIT HOURS	Move-In	Thurs	3/14	9am-2:30pm	
	Open	Thurs Fri Sat	3/14 3/15 3/16	3pm-5pm 9:30am-4pm 9:30am-3pm	(Member/Author Reception)
	Dismantle	Sat	3/16	After 3pm	(Exhibit area to be vacated by 6pm)

\* HOW TO RESERVE SPACE? CALL 410/997-0763 ~ FAX 410/997-0764 ~ ess@epponline.com \*

Preferred locations are assigned on a first-come, first-serve basis.

**Exhibit Promotions Plus, Inc.** c/o ESS Exhibit Management 11620 Vixens Path, Ellicott City, MD 21042-1539 410/997-0763 ~ Fax 410/997-0764 ~ ess@epponline.com ~ www.essnet.org

# APPLICATION AND CONTRACT FOR

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A. EXHIBIT SPACE (3 Tables)	□ <b>\$475</b> Non-Profit 501c-no items for sale	□ \$575 <u>Publisher</u>	/ University Press	□ \$675 <u>Comme</u>	ercial / Non-Publisher		
B. SINGLE TABLETOP	☐ <b>\$325</b> Non-Profit 501c-no items for sale	□ \$425 Publisher	/ University Press	□ \$525 Comme	ercial / Non-Publisher		
C. LITERATURE DISPLA	Y □ \$7	75					
D. ESS COMBINED BOO	K DISPLAY	D First Title #_	\$50.00 Each	additional			
Title		nor	Pub Da	ite	List Price		
List additional titles on separa	ite sheet.						
E. UNLIMITED NUMBER	OF TITLES IN ESS SPOI	NSORED COMBIN	IED DISPLAY 🗆 \$	\$200			
F. FINAL PROGRAM AD	VERTISING □ \$350.00 F	ull Page (7"w x 9 1/2"	h) 🗆 <b>\$225.00</b> Ha	If Page (7"w x 5"h	) DUE DATE: 1/5/19		
G. EXHIBIT SPACE & FI	NAL PROGRAM ADVER	TISING DISCOUN	T PACKAGE - SPE	CIAL VALUE - S	AVE \$\$\$		
payment is due not late weeks of invoice date. Ca refunds for any reason w cancellation is required.	errefundable deposit per exhibiter than 12/14/18. Applications ncellations received from 9/14 be made after 12/14/18 and No refund will be made if an ear a combined display are not the series of the	s100 (includes of book publis it space is due with an received after 12/14/18 to 12/14/18 will be exhibitor will be respexhibitor fails to occupreturnable. No refund	s single cocktail table ir hed since SPRING, 20 oplication or within two 18 require payment in the e assessed a fee of 25 onsible for full cost of e by space. Program adv	weeks of invoice do full with application % of total exhibit space. A wrettising rates are raterials.	be used by author pod/beverage service)  ate. Final or within 2 pace cost. No itten notice of the item in the interval of the		
Organization							
Address							
				Zip			
Signature							
Tel	Cell		Fax				
Email		Website					
PAYMENT INFORMATION	N Method of Payment (Check O	ne) AMOUNT TO BE CH	IARGED AT TIME OF APF	PLICATION \$	(U.S. Funds Only)		
Check payable	to Exhibit Promotions Plus, Inc.	VISA	MasterCard	Ame	erican Express		
Credit Card #				Expiration D	ate		
Name on Credit Card							
Authorized Signature							
Address(if different)							
Tel	Fax		Ema	iil			

**RETURN APPLICATION TO:**