

THE AMERICAN RESEARCH CENTER IN EGYPT, INC.
SIXTY-EIGHTH ANNUAL MEETING
INTERCONTINENTAL AT THE PLAZA HOTEL
Kansas City, Missouri
April 21 – 23, 2017

EXHIBITOR REGISTRATION

Please complete and return this form along with your payment by **February 24, 2017**.

COST FOR EXHIBITION SPACE: 1-2 tables: \$400 (total); 3 or more tables: \$600 (total)

The exhibition space will be located in the **Ballroom Foyer** on the lower level of the Intercontinental at the Plaza Hotel. The sessions and registration will also be located on the same floor. To ensure that you get your requested number of tables, please be sure to register as soon as possible. ARCE will make every effort to accommodate the total number of tables requested, but there are no guarantees.

OF 6' TABLES REQUESTED _____

PLEASE TYPE OR PRINT CLEARLY (includes complimentary registration for up to two staff; any additional staff must register separately for the Annual Meeting)

Company / Organization Name (as you would like it to appear on name tag)

Name (as you would like it to appear on name tag)

Name (as you would like it to appear on name tag)

Address

City

State

Zip

Phone

Email

For shipping instructions, please review the **Book and Exhibit Sales Information Sheet** – available on the ARCE website. **THE INTERCONTINENTAL AT THE PLAZA HOTEL WILL BILL YOU SEPARATELY FOR DELIVERY OF MATERIAL, PHONE LINES, ELECTRICAL NEEDS, ETC.**

SPECIAL EVENTS

On Friday evening, April 21st a reception will be held at the Nelson-Atkins Museum of Art. On Saturday afternoon, April 22nd the Chapter Council will hold their annual fundraiser. Tickets for the museum reception and Chapter fundraiser must be purchased in advance. Saturday evening, April 22nd includes a complimentary reception sponsored by ARCE at the Intercontinental at the Plaza Hotel. For more information on the 2017 Annual Meeting special events go to [ARCE 2017 Annual Meeting](#).

EXHIBITOR INVOICE:

EXHIBITOR REGISTRATION FEE: 1-2 tables \$400; 3 or more \$600 \$ _____

AD IN ABSTRACT BOOKLET (copy must be received by February 24, 2017)

½ page (4x5") \$250 Full page (8x5") \$400 \$ _____

NELSON-ATKINS MUSEUM OF ART RECEPTION (4/21/17) (_____ Qty. @ \$30.00) \$ _____

CHAPTER COUNCIL FUNDRAISER (4/22/17) (_____ Qty. @ \$20.00) \$ _____

UNDERWRITING AND SPONSORSHIP OPPORTUNITIES:

Underwrite Friday Morning Coffee Break (\$1000) or Sponsor Coffee Break (\$250) \$ _____

Underwrite Saturday Morning Coffee Break (\$1000) or Sponsor Coffee Break (\$250) \$ _____

Underwrite Sunday Morning Coffee Break (\$1000) or Sponsor Coffee Break (\$250) \$ _____

Underwrite Friday Student Networking Lunch (\$400) \$ _____

Sponsor Saturday evening Members' Reception (\$500) \$ _____

Underwriting covers ARCE's costs; sponsorships are contributions to help defray ARCE's costs. Booksellers who underwrite or contribute to a sponsorship will be listed in the Annual Meeting Abstract Booklet; acknowledged on the ARCE website; acknowledged on signage at event; and acknowledged at the Friday General Members' Meeting.

TOTAL AMOUNT ENCLOSED \$ _____

For our planning purposes, please indicate whether you will be attending the ARCE Members Reception on 4/22/17

Yes No

METHOD OF PAYMENT:

_____ Visa _____ MasterCard _____ American Express _____ Discover

Card Holder Name: _____

Billing Address: _____ Zip: _____

Card Number: _____ Expiration date: _____

Signature: _____

OR

Make your check payable to ARCE
(U.S. Dollars only)



PLEASE SEND PAYMENT TO:
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Please retain a copy of this form for your records.