



SEPTEMBER 16-19, 2012  
 HERSHEY LODGE  
 HERSHEY, PA

# Exhibit Space Contract

## Section I. Exhibitor Contract and Mailing Information

Please type or print clearly

Please print your company name EXACTLY as it should appear in all marketing and promotional materials for this event.

### Primary Contact Information:

Company HT SRL / HACKING TEAM  
 Name LUCIA RANA  
 Address VIA MOSCOVA 13  
 City MILANO - ITALY State/Prov MI ZipCode +4 20121  
 Phone +39 02/29066603 Fax +39 02/63118946  
 Email amministrazione@hackingteam.it Website www.hackingteam.com  
l.rana@hackingteam.it

Show Contact (person on-site or in charge of booth)  Same as Above

Name LUIS ALEJANDRO VELASCO  
 Address 1997 ANNAPOLIS EXCHANGE PARKWAY  
 City ANNAPOLIS - MARYLAND State/Prov MD ZipCode +4 21403  
 Phone 301 332 5654 Fax \_\_\_\_\_  
 Email a.velasco@hackingteam.it

## Section II. Booth Selection

Referring to the exhibit hall floor plan, please indicate your 1<sup>st</sup>, 2<sup>nd</sup>, and 3<sup>rd</sup> choices for booth space(s):

- 1) 404 + 406
- 2) \_\_\_\_\_
- 3) \_\_\_\_\_

Booth space is reserved on a first-come, first-served basis.

\* The purchase of two bronze level booths will not be contiguous.

Companies to avoid close proximity: (not guaranteed by show management)

## Section III. Virtual Tradeshow

Your company name will appear FOR FREE on our Virtual Tradeshow link on the www.htciaconference.org website. For an additional fee of only \$50, we will add a link to your company's website so attendees can find information about your company.

Please check the box if you wish to participate.  Website www.hackingteam.com

Your Exhibit Space Contract and total amount of booth fees must be received to reserve booth space at this event. Purchase Orders are acceptable, but paperwork will not be processed and booth space will not be reserved until payment is received.

continued on next page

### CONFERENCE CONTACT

CAROL HUTCHINGS

PH 916-408-1751

FX 916-408-7543

CAROL@HTCIA.ORG

WWW.HTCIACONFERENCE.ORG



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### Exhibitor and Sponsor Information

Year	Platinum	Gold	Silver	Bronze
2012	\$12,000	\$6,000	\$3,000	\$2,000

### Section IV. Payment Information

Indicate total payment based on level of participation:

Platinum Level ..... \$ \_\_\_\_\_  
 Gold Level ..... \$ 6,000.00  
 Silver Level ..... \$ \_\_\_\_\_  
 Bronze Level ..... \$ \_\_\_\_\_  
 Non-Profit Organization Booth\* (\$300) ..... \$ \_\_\_\_\_  
 Virtual Website link to company website (\$50) ..... \$ 50.00  
**Total \$ 6,050.00**

**Form of Payment:**  Check  MasterCard  Visa  American Express

Name on card \_\_\_\_\_  
 Account number \_\_\_\_\_  
 Exp. Date \_\_\_\_\_  
 Billing address \_\_\_\_\_  
 City \_\_\_\_\_ State/Prov. \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Signature \_\_\_\_\_

*By my signature I affirm that I am an authorized signer on the above mentioned account and that HTCIA is authorized to charge the card for the amount indicated.*

### Section V. Contract

My signature on behalf of myself and the company I represent, constitutes agreement to abide by all of the terms, conditions and obligations noted on this form and in the rules and regulations contained as part of the HTCIA International Conference & Training Expo.

I affirm that I have read and understand all of the contract terms and have had the opportunity to review them prior to signing this contract.

Authorized signature on behalf of company represented:

Name: VALERIANO BEDESCHI Title: LEGAL REPRESENTATIVE Date: JULY 13<sup>th</sup>, 2012

*Complete and return this form with complete payment. A signed copy of this Exhibit Space Contract will be returned for your records.*

**Please remit to:**

HTCIA • C/O Carol Hutchings, Conference Planner  
 3288 Goldstone Drive • Roseville, CA 95747  
 PH 916.408-1751 • FX 916.408-7543  
 carol@htcia.org • www.htciaconference.org



**CONFERENCE CONTACT**

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For Office Use Only

Date \_\_\_\_\_ Amount Received \_\_\_\_\_ Copy Returned \_\_\_\_\_

Check No. \_\_\_\_\_ Credit Card  \_\_\_\_\_

Booth Assignments: 1) \_\_\_\_\_ 2) \_\_\_\_\_ 3) \_\_\_\_\_ 4) \_\_\_\_\_

Conference Planner: \_\_\_\_\_ Date: \_\_\_\_\_