



OCTOBER 7-8, 2009 | BALTIMORE CONVENTION CENTER | BALTIMORE, MD | WWW.MIDATLANTICEXPO.COM

Personalized Company Tickets

Take advantage of a great opportunity to promote your company with these personalized company free registration tickets to the 2009 Mid-Atlantic Food, Beverage & Lodging EXPO.

YOUR LOGO HERE

FREE REGISTRATION!
 CALL: 877.606.0405 OR VISIT:
MIDATLANTICEXPO.COM/REGISTER

OCTOBER 7-8, 2009
 WEDNESDAY: 11am - 6pm
 THURSDAY: 11am - 4pm
 BALTIMORE CONVENTION CENTER

2009 Mid-Atlantic Food, Beverage & Lodging EXPO

FRONT OF TICKET

E

Construction

Encore

AVOID THE LINES • SAVE TIME • REGISTER TO ATTEND ONLINE
MIDATLANTICEXPO.COM
 MUST REGISTER ONLINE FOR FREE ADMISSION. \$35 ON-SITE REGISTRATION FEE.

- NEW PRODUCTS
- EXCLUSIVE SHOW DEALS
- EXPO GREEN PAVILION
- EDUCATIONAL SEMINARS
- BAR & RESTAURANT TRENDS
- ACF CHESAPEAKE CHEF CHALLENGE

PRODUCED BY: RESTAURANT ASSOCIATION OF MARYLAND

IN PARTNERSHIP WITH: RAMW (Restaurant Association Metropolitan Washington) and VHTA (Virginia Hospitality & Travel Association)

NO ONE UNDER 21 PERMITTED - NO EXCEPTIONS

BACK OF TICKET

500 tickets (minimum order) - \$130 | 1,000 tickets - \$150 | 2,500 tickets - \$175
 5,000 tickets - \$250 | 7,500 tickets - \$300 | 10,000 tickets - \$375 | 15,000 tickets - \$500

Exhibiting Company: _____ Booth Number: _____

Mailing Address (YOUR TICKETS WILL BE SHIPPED HERE): _____

State: _____ Zipcode: _____

Marketing Contact: _____

Phone Number: _____ Email: _____

Website: _____

All company logos must be high resolution. Vector graphics are preferred: eps or pdf format. High resolution (300dpi or higher) jpeg and tif images are also acceptable. All graphics can be sent via email: mkimmel@marylandrestaurants.com.

Please allow for a processing time of 2 weeks from the date that complete company information, logo and payment are received. Graphics will be laid-out and a digital proof will be sent for your approval.

Payment Type:	Select below	Payment Amount:	_____
Check <input type="checkbox"/> (Make checks payable to the Restaurant Association of Maryland) Credit Card: Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex <input type="checkbox"/>			
Acct. Number	Exp. Date	Security Code	
Signature			
Print Name of Cardholder			Billing Zipcode

Please mail this completed form to - Attn: Matt Kimmel - Restaurant Association of Maryland
 6301 Hillside Court - Columbia, MD 21046; or fax this form to **410.290.6882** - Attn: Matt Kimmel.
 For more info contact Matt at: **410.290.6800 x1018** or mkimmel@marylandrestaurants.com.