



# EXHIBIT SPACE APPLICATION

Please complete all sections of this application and return with payment. You will receive a confirmation email upon receipt of completed application and full payment. If paying by credit card, please be sure to return a completed credit card authorization page with your application. Checks can be mailed to the address below:

**Questions to:** Kim Chiera, Exhibit Manager, 412-312-1503, kchiera@marcelluscoalition.org  
**Payable to:** Marcellus Shale Coalition, SHALE INSIGHT® 2023 Exhibit, 400 Mosites Way, Suite 101, Pittsburgh, PA 15205

## COMPANY INFORMATION

**Company Name** should be written as you wish to be listed on all official exhibitor materials/lists/directories.

Company Name \_\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_  
 Website \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

## CONTACT INFORMATION

**Key Contact** will receive ALL exhibitor communications.

Key Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Cell \_\_\_\_\_

**Booth Contact** will receive operational/logistical information, exhibit kit and important on-site reminders.

Booth Contact \_\_\_\_\_ Title \_\_\_\_\_  
 Email \_\_\_\_\_ Cell \_\_\_\_\_

## EXHIBIT SPACE RATES

Check the rate that applies. Cancellation details noted on bottom of application.

Member Rates MSC, OOGA and GO-WV	<input type="checkbox"/> Member Rate   Per 10' x 10' Booth Please mark all that apply: <input type="checkbox"/> MSC <input type="checkbox"/> OOGA <input type="checkbox"/> GO-WV	\$2,500
Non-Member Rates	<input type="checkbox"/> Non-Member Rate   Per 10' x 10' Booth	\$3,250
<b>New in 2023!</b> <b>Spotlight Exhibitor</b>	<input checked="" type="checkbox"/> Special distinction on all exhibitor listings/signage <input checked="" type="checkbox"/> Inclusion in (1) social media post prior to the Conference <input checked="" type="checkbox"/> Recognition at Conference General Session	<input checked="" type="checkbox"/> In-booth and floorplan recognition <i>* provided by the MSC</i> <input checked="" type="checkbox"/> Rotating banner ad on the Conference mobile app <i>* provided by the exhibitor</i>
		+ \$750

**Full payment is required with submission of completed application.**

\* Please note: Credit card payments are subject to a 3.5% convenience processing fee.

Total Payment Due\*

= \$

## EXHIBIT SPACE LOCATION

Please indicate the location of the booth space requested. Applications received without payment will not be processed.

1<sup>st</sup> Choice \_\_\_\_\_ 2<sup>nd</sup> Choice \_\_\_\_\_  
 3<sup>rd</sup> Choice \_\_\_\_\_ 4<sup>th</sup> Choice \_\_\_\_\_

We prefer NOT to be next to or across the aisle from:

## PAYMENT METHOD

Check  Discover  
 Mastercard  Visa  American Express

Please complete page 2 and submit with the completed application. **Please note: Credit card payments are subject to a 3.5% convenience processing fee.**

## AGREEMENT

EXHIBITOR AGREES TO ABIDE BY ALL RULES AND REGULATIONS GOVERNING THE EXPOSITION AS NOTED IN THE [EXHIBIT RULES AND REGULATIONS](#).

ACCEPTANCE OF THIS APPLICATION BY SHOW MANAGEMENT CONSTITUTES A CONTRACT.

Date \_\_\_\_\_  
 Title \_\_\_\_\_  
 Name \_\_\_\_\_  
**Signature** \_\_\_\_\_

## CANCELLATION POLICY

Requests for exhibit space cancellations must be received in writing. Cancellations received prior to September 1, 2023 will be refunded at 50%. No refunds will be made after September 1, 2023, subject to the detailed [Terms and Cancellation Policy](#).



BAYFRONT CONVENTION CENTER  
**ERIE, PENNSYLVANIA**  
**SEPTEMBER 26-28**  
www.shaleinsight.com

# CREDIT CARD AUTHORIZATION

If payment is being made by credit card, please complete the following authorization form. To protect the security of your financial information ***please do not include the credit card number/information.*** Once the application is received the Marcellus Shale Coalition will contact you to facilitate credit card payment.

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## COMPANY INFORMATION

Company Name \_\_\_\_\_  
Contact Name \_\_\_\_\_ Phone \_\_\_\_\_  
Title \_\_\_\_\_ Email \_\_\_\_\_

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I hereby authorize Marcellus Shale Coalition, 400 Mosites Way, Suite 101, Pittsburgh, PA 15205 to charge my credit card\* for the following payment:

## CARD INFORMATION: (Please do not include credit card number)

Name as shown on card \_\_\_\_\_  
Signature as shown on card \_\_\_\_\_  
Billing address of card \_\_\_\_\_  
\_\_\_\_\_

Amount\*                    \$ \_\_\_\_\_

\* Please note: Credit card payments are subject to a 3.5% convenience processing fee.