Company Name: _______________________________ Exhibit Booth #:________________________

Contact/Company Representative: _______________________________________________________

Telephone: _________________ Fax: _______________ E-mail: _______________________________

Give-Away Description: __________________________________________________________________

Exhibitors will be permitted to distribute appropriate promotional material and approved related items from the booth only. In keeping with the educational purpose of the exhibit program, all such give-aways, with the exception of literature, must have prior approval of Exhibit Management.

If your company is planning to distribute anything other than literature from the exhibit booth, please complete and return this form along with a sample or mock-up of the give-away by February 1, 2008, to GSA Exhibit Management at the address below. [NOTE: If no sample or mock-up of the give-away item is available for submission with this application, company must enclose a detailed description of the item.]

By completing and signing this application, it is confirmed that an authorized company representative has read and understands the following rules for give-aways at the 49th Annual Drosophila Research Conference: Exhibitors will be permitted to distribute appropriate promotional material and approved related items from the exhibit booth only. In keeping with the educational purpose of the exhibit program, all such material must conform to acceptable, professional standards. Approval is at the sole discretion of GSA Exhibit Management. Further, no give-away materials will be approved in conjunction with any lotteries, raffles, contests or games of chance (lotteries, raffles, and games of chance are not permitted under the General Conduct of Exhibits which is part of the Exhibitor Space License Agreement).

AUTHORIZED COMPANY REPRESENTATIVE

By__________________________________________ Title________________________

Date______________________________

GSA EXHIBIT MANAGEMENT APPROVAL

By__________________________________________ Title________________________

Date______________________________

Please fax this form for receipt by February 1, 2008 to: Suzy Brown, 301/634-7079.

Questions? Please contact Suzy Brown at sbrown@genetics-gsa.org