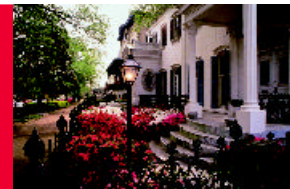


EXHIBIT SPACE/VIRTUAL NAMTSE RESERVATION FORM

2001 North American Monitoring Technology Symposium and Exhibition
The Westin Savannah Harbor Resort, Savannah, Georgia. Exhibit dates: April 27-May 1, 2001



We hereby apply for exhibit/virtual expo space in the CSAA 2001 North American Monitoring Technology Symposium and Exhibition. We understand that upon acceptance by Exhibit Management (Central Station Alarm Association), the application becomes an agreement, under the terms and conditions set forth here and on pages 4-5 and 8, which we have read, understand, and accept. We will accept the space assigned by Management and agree to accept reassignment, if necessary, to create a more effective exhibition. We agree to abide by the regulations as outlined in the Exhibitor Prospectus and Bulletins to be issued in advance of the show.

Company Name _____
Company Street Address _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Telephone _____ Fax _____ E-mail _____

1. We request (give quantity and type):

_____ 6' Tabletop at \$795.00	Total
_____ 6' Table in lobby area at \$995.00	\$ _____
_____ End Cap at \$2500.00	\$ _____
CSAA Associate Member discount (-\$195.00)	\$ _____
Total Amount Due	\$ _____

Type and Location:

First Choice _____
Second Choice _____
Third Choice _____
Fourth Choice _____
If possible, we prefer to be grouped with: _____
If possible, we prefer not to be grouped with: _____

I won't be able to physically exhibit, but please send me a Virtual Expo packet.

I want to sponsor a free golf hole if I'm one of the first 18 paid exhibitors.

2. Full price of space requested (see #5 on Page 12): \$ _____ Full payment is due with agreement.

Payment may be made by check or credit card (VISA or MasterCard only). Make check payable to the Central Station Alarm Association (U.S. funds drawn on a U.S. bank). Complete Section 4 for credit card payment.

3. This section must be completed. Exhibitor agrees to abide by the exhibit rules published on this form and on pages 4-5, 8.

Exhibit Contact: _____
Signature _____
Title _____

Complete if different from above:

Company Name _____
Company Street Address _____
City _____ State/Province _____ Zip/Postal Code _____ Country _____
Telephone _____ Fax _____ E-mail _____

4. Complete if paying with a credit card

MasterCard VISA
Credit card # _____ Expiration Date _____
Amount to be charged: \$ _____
Authorized signature _____

FOR EXHIBIT MANAGEMENT USE ONLY

Date received _____ \$ _____
Space Assigned _____ AON _____
Exhibitor Reference # _____

Mail to: Central Station Alarm Association (CSAA), 440 Maple Avenue East, Suite 201, Vienna, VA 22180
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