

ASSCT – Florida Division
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ASSCT—Louisiana Division
LSU AgCenter – Sturgis Hall #128
P.O. Box 25100
Baton Rouge, LA 70894-5100
Ph: (225) 578-6930
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E-mail: assct@assct.org

“Organized for the Advancement of the Mainland Cane Sugar Industry”

March 27, 2008

TO: Potential ASSCT Meeting Exhibitors

RE: Exhibit Table Reservations for the 38th Annual Joint ASSCT Meeting

Dear Exhibitor:

The American Society of Sugarcane Technologists (Florida and Louisiana Divisions) invites you to be an Exhibitor at its 38th Annual Joint meeting to be held at the International Plaza Resort and Spa in Orlando, FL on June 18-20, 2008. This gathering of hundreds of sugar cane manufacturers, farmers, vendors, etc. provides an excellent opportunity to display your products, increase awareness of your services, and network with potential customers in the industry you serve.

Your company's products and/or service information will be displayed on 8' x 2' table tops for the duration of the meeting. In an effort to enhance exposure to your display tables and to provide an organized networking opportunity for all of our delegates to attend, we are also planning an exhibitor's cocktail and welcome reception in the Exhibit Area. Several additional high traffic events will be held in the Exhibit Area, including door prize drawings and scheduled coffee breaks. Please see enclosed ***Exhibit Information & Schedule of Events*** for details.

Space is limited, so only fifty (50) tables will be available. Your table(s) will be reserved in order based on the postmarked receipt of your official reservation request form AND payment. Table reservations must be postmarked prior to the **Monday, May 26, 2008** deadline. Please complete ***Exhibitor Agreement Form No. 1*** and return as soon as possible to reserve your table.

Reservations will be acknowledged via email upon receipt of your official reservation form and payment; however, tables will not be assigned until AFTER the May 26th deadline. Fee includes the cost of the exhibit table, a \$150 contribution toward the Welcome Reception, on-site security outside of official exhibit hours, and name tags for two representatives.

To participate, all companies must be a 2008-2009 ASSCT Supporting Member. If you are not an ASSCT Supporting Member, there is an additional cost of \$50 for membership. Several optional events have also been scheduled, including a luncheon, evening banquet, and golf tournament that are NOT included in the cost of your exhibit table. Please be sure to complete and return all associated forms with payment if you are interested in participating. In addition, we are accepting monetary donations to help allay the costs associated with organizing such a successful meeting. You may indicate the amount of your donation on ***Exhibitor Agreement Form No. 1***.

Exhibitors are also encouraged to complete **Exhibitor Form No. 2**, indicating that you will provide gifts to be distributed as door prizes during various breaks throughout the meeting. Each meeting registrant will receive a ticket to be entered into the meeting's door prize drawing, and must be present in the Exhibit Area to win. The sponsor for the door prize is called up to select a winner and give away his/her gift(s). This has proven to be a fun and exciting way to engage the registrants; it is also a highly successful mechanism to increase traffic into the Exhibit Area, where the drawings are held. If you would be interested in heightening company awareness through door prize giveaways, please complete and return **Exhibitor Form No. 2**.

For your convenience, a block of discounted hotel rooms has been reserved at the International Plaza Resort & Spa, where our meeting will be held. However, rooms are subject to availability and reservations must be completed by **Saturday, May 17th, 2008** to take advantage of the ASSCT-negotiated discount. Reservations may be secured on-line, by phone, or by mail; see enclosed ***Hotel Reservation Form*** for details.

As with previous ASSCT meetings (both Joint and Louisiana Division meetings), we expect a remarkable turnout and are certain of the potential of this Exhibition to increase your company's exposure as well as heighten interest in your products and/or services. To take advantage of this extraordinary opportunity, please return ***Exhibitor Agreement Form No. 1 and Exhibitor Agreement Form No. 2*** by **Monday, May 26, 2008**. We also encourage you to reserve your hotel rooms as soon as possible to take advantage of the ASSCT-negotiated discounted rate. We look forward to your participation in this year's exciting and informative meeting, and appreciate your support in making this the most successful meeting yet.

Sincerely,



Denver T. Loupe
General Secretary-Treasurer

Enclosures

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“Organized for the Advancement of the Mainland Cane Sugar Industry”

38th ANNUAL JOINT MEETING
International Plaza Resort & Spa 10100 International Drive Orlando, FL 32821
June 18 - 20, 2008

Exhibit Information & Schedule of Events

Exhibit Information:

- ❖ **Cost per table: \$575** (includes \$150 contribution for reception)
 - 50 tables, 8' x 2' table tops
 - Security provided outside of official exhibit hours
 - Tables reserved in order according to postmarked form and check
 - (Must be postmarked no later than May 26, 2008)

Schedule of Events:

- | | | |
|---|--|--|
| ❖ Exhibit Set-up: | Tuesday, June 17 th
Wednesday, June 18 th | after 6:00 p.m.
8:00 a.m.- 1:00 p.m. |
| ❖ Exhibit Hours: | Wednesday, June 18 th
Thursday, June 19 th
Friday, June 20 th | 1:00 p.m. - 8:00 p.m.
8:00 a.m. - 6:30 p.m.
8:00 a.m. - 10:00 a.m. |
| ❖ Coffee & Soft Drinks /
Door Prize Drawing
(in Exhibit Area): | Wednesday, June 18 th
Thursday, June 19 th
Friday, June 20 th | 1:00 p.m.
8:00 a.m.-9:30 a.m., 3:00 p.m.
8:00 a.m. - 10:00 a.m. |
| ❖ Welcome Reception
(in Exhibit Area): | Wednesday, June 18 th | 7:00 p.m. - 8:00 p.m. |

Additional Fees:

- ❖ **Supporting Membership**

Participants must be a 2008-2009 ASSCT Supporting Member.
Cost of Supporting Membership: \$50
NOTE: If you were an exhibitor at the ASSCT-LA meeting
(February 12-13, 2008), you ARE a Supporting Member.
- ❖ **Luncheon/Banquet tickets**

Lunch and Banquet tickets ARE NOT included in the cost of the exhibit table.
When completing Exhibit Agreement Form, please indicate the number of tickets
you would like to purchase for each event.
Luncheon Tickets: \$ 30 Banquet Tickets: \$60
- ❖ **Donations**

The approximate cost of the Welcome Reception is \$9,000, which we hope to
accumulate from donations. All additional contributions help to allay the costs
associated with producing such a successful meeting and are greatly appreciated.

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Exhibitor Agreement Form No. 1

Section 1. Exhibitor Information *(Please type or print legibly)*

Company Name _____

Mailing Address _____

City _____ State _____ Zip _____

Telephone Number () _____ Fax Number () _____

E-Mail _____

Company Representatives: 1. _____

(Type or Print legibly; name tags will be provided.)

2. _____

Specify type of product/service exhibited _____

Section 2. Additional Fees

Please indicate the number of luncheon/banquet tickets you would like to purchase:

_____ Luncheon (Thursday noon) x \$30 each = \$ _____

_____ Banquet (Thursday p.m.) x \$60 each = \$ _____

Please check whether your Company is a “Supporting Member”: [] Yes [] No

(If No, please include additional \$50 for Membership; participants MUST be a 2008-2009 Supporting Member).

Section 3. Payment Summary

TOTAL amount of enclosed check: \$ _____

(\$575 per table includes \$150 contribution for reception.)

Pay to the Order of **ASSCT Exhibits Account**
(and Return to): LSU AgCenter - Sturgis Hall #128
P.O. Box 25100
Baton Rouge, LA 70894-5100
Phone: 225-578-6930 / Fax: 225-578-1403
E-mail: assct@assct.org
Website: www.assct.org

Number of tables requested: _____

Additional Contribution: \$ _____

Supporting Membership: \$ _____

Luncheon Tickets: \$ _____

Banquet Tickets: \$ _____

*****Form AND payment must be postmarked by May 26, 2008*****

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Exhibitor Agreement Form No. 2

Please indicate whether your company will provide a gift(s) for the prize drawings:

Yes **No**

My gift(s) will include the following:

- a.) _____
- b.) _____
- c.) _____
- d.) _____

Signed: _____

(Printed Name)

(Firm/Company Name)

(Date)

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Hotel Reservation Form

Reservation Office: (407) 352-1100 or (800) 327-0363
Office Hours: 7:00AM to 11:00PM, Monday through Sunday

To make your reservations, we require that you either:

1. Phone hotel directly at 800-327-0363; mention ASSCT for group discount.
2. Book on-line (www.intlplazaresort.com). Include your promotional code (**ASS616**).
3. Enclose a check or money order covering your first night stay.
4. Fill in the number of one of the following credit cards: American Express, Visa, MasterCard and Discover. **Please include EXPIRATION DATE and SIGNATURE!**

NOTE: For option 3 or 4, please indicate ATTN: RESERVATIONS. Fax form to 407-352-2632 or mail to:
INTERNATIONAL PLAZA RESORT & SPA (10100 International Drive Orlando, FL 32821).

Deposits are refundable ONLY if you cancel by 5:00PM, 72 hours prior to the day of arrival.

Please check room type:

<input type="checkbox"/> King: 1 Bed, 1-2 Person(s)	\$ 129.00
<input type="checkbox"/> King: 1 Bed, 3-4 Person(s)	\$ 129.00
<input type="checkbox"/> Double: 2 Beds, 1-2 Person(s)	\$ 129.00
<input type="checkbox"/> Double: 2 Beds, 3-4 Person(s)	\$ 129.00

*****DISCOUNT VALID UNTIL May 17th, 2008*****

Reservations requested **after MAY 17, 2008** are subject to availability.

Rooms may still be available; however, the **DISCOUNTED GROUP RATE WILL NOT APPLY!**

Name (print) _____

Address _____

City _____ State _____ Zip _____

Arrival Date _____ Departure Date _____

(Please include the ACTUAL DAY you will be arriving and departing.**)**

Email _____ Phone Number _____

Reserve ___ room(s) for ___ (#) of people. Please check if a smoking room is requested: ___

Method to guarantee reservation: ___ Check or Money Order (Enclosed)

___ American Express ___ Discover ___ Visa ___ MasterCard

TOTAL Amount _____ **(+12.5% tax and any applicable surcharges.)**

Credit Card Number _____ Expiration Date: _____

I authorize the International Plaza Resort & Spa to charge my account for one night's deposit and all applicable taxes.

Signature: _____



38th Annual Joint Meeting 2008 Golf Tournament

We hope that you will join us on Wednesday, June 18th, at the Grande Pines Golf Club, in Orlando, FL, www.grandepinesgolfclub.com; recognized by Golfweek in the top 100 of “America’s Best Resort Courses”. Tee time for the shotgun start will be at 8:00 a.m.

All of the proceeds from this tournament will go back to the Golf Tournament. If there are any net proceeds they will be divided equally between Florida and Louisiana Divisions.

The fee will be \$75.00 per player and will include green fees and cart. Any additional donations or gifts will be used for prizes for those participating. Please make your checks payable to: ASSCT-Florida Division, and send it in with the attached form as soon as possible to:

ASSCT-FL Division
Attn: Les Baucum
236 E. Arcade Ave.
Clewiston, FL 33440

The absolute deadline and cut-off date will be June 9th, 2008.

If you have any questions, please call Les at (863) 228-1171.

2008 Golf Entry Form Participation fee is \$75.00 per person

Name: _____ Handicap or Avg. Score: _____

Company: _____

Address: _____
(address) (city) (state) (zip)

Phone: (____) _____ E-mail: _____

Contact Person: _____

ADDITIONAL DONATION OR GIFT: _____