

**EXHIBIT BOOTH STAFF REGISTRATION FORM**

Please type or print clearly. The contact name is the authorized representative for your company.

Attending

Not Attending

Booth Number: \_\_\_\_\_

**Primary Contact:** \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

Complimentary Exhibit Booth Staff Registration is limited to 2 people per booth/company. Exhibit Booth Staff registration includes lunches and receptions. Additional representatives can be registered on the Additional Booth Staff Registration form for \$75.00 each.

**Complimentary Booth Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(confirmations will be sent via email if a unique address is provided)

\_\_ I would like to Upgrade to Exhibitor Full Conference Delegate - \$125.00

**Complimentary Booth Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

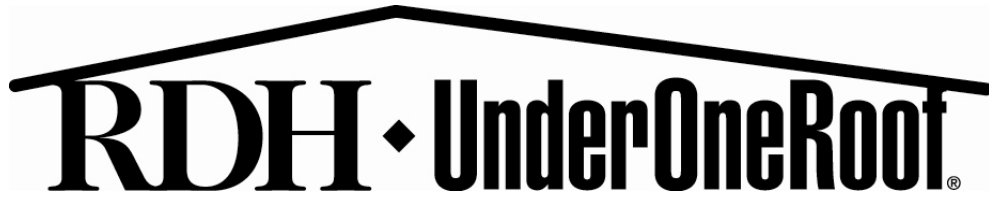
City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

(confirmations will be sent via email if a unique email address is provided)

\_\_ I would like to Upgrade to Exhibitor Full Conference Delegate - \$125.00



**EXHIBIT BOOTH STAFF REGISTRATION FORM**

**Additional Booth Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

(confirmations will be sent via email if a unique email address is provided)

**Additional Booth Staff**

Name: \_\_\_\_\_ Title: \_\_\_\_\_

Company: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax \_\_\_\_\_

Email: \_\_\_\_\_

(confirmations will be sent via email if a unique email address is provided)

**Make additional copies if needed.**

**Total Amount Due \$** \_\_\_\_\_

Method of Payment:

Check enclosed (in U.S. funds only)    Wire Transfer (Wire information will be provided on invoice)

Credit Card:     Visa     MasterCard     AMEX     Discover

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Full Name (as it appears on card): \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_