

2010 Lifesavers Conference Exhibitor Registration Form

NATIONAL CONFERENCE ON HIGHWAY SAFETY PRIORITIES

APRIL 11-13, 2010 • PENNSYLVANIA CONVENTION CENTER • PHILADELPHIA, PA

Primary Exhibit Contact (Complimentary, 1 per booth)

Name: _____

Preferred First Name for Badge: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: (____) _____ Fax: (____) _____

E-mail: _____

Additional Personnel (All booth personnel must register)

If you are purchasing more than one exhibit booth, and/or would like to register additional booth personnel, please enter names below:

Complimentary (for second booth purchase only)

Name: _____

Email: _____

Additional Booth Person #1 @ \$150 _____

Name: _____

Email: _____

Additional Booth Person #2 @ \$275 _____

Name: _____

Email: _____

Additional Booth Person #3 @ \$275 _____

Name: _____

Email: _____

Booth Fees

	Quantity		Amount	Total
For-Profit Companies	_____	10'x10'	@ \$1,000 ea.	_____
Non-Profit Companies	_____	10'x10'	@ \$500 ea.	_____
Vehicle (2 spaces required)	2	10'x10'	@ \$1,000 ea.	_____
		Total Amount	\$ _____	

Booth Selection

Review the floor plan carefully. Please select six locations in order of preference.

1st _____ 2nd _____ 3rd _____

4th _____ 5th _____ 6th _____

Special Considerations/Requests: _____

Booth Identification Sign

Company/Organization: _____

Exhibitor Profile

Please attach a short description of your product/organization. Include your website address

Exhibit contact information and exhibit profiles will be posted on the Lifesavers website.

Payment Method

Application will not be processed without payment or purchase order. Exhibits MUST be paid for prior to conference.

We do not accept American Express

- VISA MASTERCARD
 CHECK PURCHASE ORDER (attach)

Card Number _____

Expires: ____/____

CW2 Code: _____

The CW2 code is a 3-digit code found on the back of your credit card following the credit card number

- I agree to pay the above total amount according to card issuer agreement.

Signature _____

Print name as it appears on card

Contract

- The undersigned understands and accepts all terms and conditions. This document constitutes a contract.

Signature _____

Company _____

Date: _____

Please return this form with your payment or purchase order (checks made payable to Lifesavers Conference, Inc.) to:

Lifesavers Conference, Inc.
Exhibit Booth Application
P.O. Box 30045
Alexandria, Virginia 22310

Phone (703) 922-7944 Fax: (703) 922-7780

Lifesavers Federal ID #: 52-1648356

For Lifesavers Use Only:

Date Recd.: _____

Total Amount Due: _____

Check #: _____

Amount: _____

Date To PTF: _____

Booth #: _____

Register online with credit card or purchase order at www.lifesaversconference.org

Contact information will be used in meeting materials.