

Booth Personnel Registration



Deadline: January 16, 2012

Registration Fee: Early Bird (Before January 16) \$350.00
Standard (January 17 - March 14) \$400.00

Primary Contact Information:		Complimentary	Paid
First/Last Name:		Title:	
Company:			
Address:		City:	State:
Zip Code:		Country:	
Phone:		Fax:	
Email:		Cell Phone:	
Primary Contact Signature:			

Beginning March 13, you will be able to pick up your badge onsite at the Exhibitor Registration Desk in the Conference Center. (Badges will not be mailed)

Tickets	Quantity	Price/each	Total
Additional Booth Personnel: Early Bird	_____	\$350	\$ _____
Additional Booth Personnel: Standard	_____	\$400	\$ _____
Additional Event Tickets: Wednesday, Evening Reception	_____	\$95	\$ _____
Additional Event Tickets: Thursday, Conference Buffet Breakfast	_____	\$30	\$ _____
Additional Event Tickets: Thursday, President's Awards Luncheon	_____	\$50	\$ _____
Additional Event Tickets: Thursday, Evening Reception	_____	\$95	\$ _____
Additional Event Tickets: Friday, Continental Breakfast	_____	\$30	\$ _____
Additional Event Tickets: Saturday, Closing Night Gala	_____	\$175	\$ _____

Note: Exhibitor badges allow entrance to exhibit areas only. All personnel working in your exhibit area from Wednesday-Saturday will need an Exhibitor Badge. (models, bartenders, mechanics, etc.)

Payment Information: Payable in US Dollars only. Payment MUST accompany this form.

Make checks payable to ADSC Expo 2012 Booth Personnel

Check: I have enclosed: Check # _____ For US \$: _____

Credit Card: \$ _____ Card #: _____
Exp: _____ CID: _____ Visa MasterCard AMEX

Charges will appear on your statement as ADSC Expo 2012

Please return this form to tanchola@adsc-iafd.com mail to:
ADSC 8445 Freepoint Parkway, Suite 325, Irving, TX 75063

Additional Booth Personnel Registration Form

Company Name:

Complimentary		Paid	
First/Last Name:		Title:	
Company:			
Address:		City:	State:
Zip Code:		Country:	
Phone:		Fax:	
Email:		Cell Phone:	
Check for Boxed Lunches:	Wednesday	Thursday	Friday Saturday

Complimentary		Paid	
First/Last Name:		Title:	
Company:			
Address:		City:	State:
Zip Code:		Country:	
Phone:		Fax:	
Email:		Cell Phone:	
Check for Boxed Lunches:	Wednesday	Thursday	Friday Saturday

Complimentary		Paid	
First/Last Name:		Title:	
Company:			
Address:		City:	State:
Zip Code:		Country:	
Phone:		Fax:	
Email:		Cell Phone:	
Check for Boxed Lunches:	Wednesday	Thursday	Friday Saturday

Complimentary		Paid	
First/Last Name:		Title:	
Company:			
Address:		City:	State:
Zip Code:		Country:	
Phone:		Fax:	
Email:		Cell Phone:	
Check for Boxed Lunches:	Wednesday	Thursday	Friday Saturday