

exhibitor registration form

Please complete this form and return it along with your signed exhibitor contract and payment to the IDEC Office: 9100 Purdue Road, Suite 200, Indianapolis, IN 46268 or fax to 317.280.8527 by February 12, 2010. For further inquiries, please contact the IDEC Office at info@idec.org.

Each exhibit booth receives one complimentary conference registration and one complimentary exhibit-only registration. Additional conference registration badges are available at the rate of \$50 per person. In the space provided below, please indicate your organization's representative(s) to receive the complimentary conference registration and the exhibit-only pass. Badges may be picked up onsite at the conference registration desk.

Exhibiting Company: _____
(Name as to appear on conference materials)

Complimentary Conference Registration

Name as to appear on badge: _____

Mailing Address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Exhibit-Only Registration

Name as to appear on badge: _____

Mailing address: _____

City: _____ State/Province: _____ Zip: _____ Country: _____

Phone: _____ Fax: _____

Email: _____

Additional Exhibit-Only Registration (\$50 fee per person applies)

Name as to appear on badge: _____

Name as to appear on badge: _____

Name as to appear on badge: _____

Name as to appear on badge: _____

Check Enclosed Visa MasterCard American Express \$ _____ **Total Fee**

Card Number: _____

Expiration Date: _____

Billing Address: _____

Name on Card: _____

Signature of Company Representative: _____ Date: _____