

EXHIBITOR registration

Ways to Register:

Fax: (518) 436-4648

Email: lindag@ibanys.net

Mail: IBANYS, 19 Dove Street, Suite 101, Albany, NY 12210

Booth Registration:

Company Name: _____ Company Street Address: _____

City: _____ State: _____ Zip: _____

Booth Exhibitor (1): _____

Booth Exhibitor (2) (additional fees see below): _____

Contact Email: _____ Contact Phone: _____

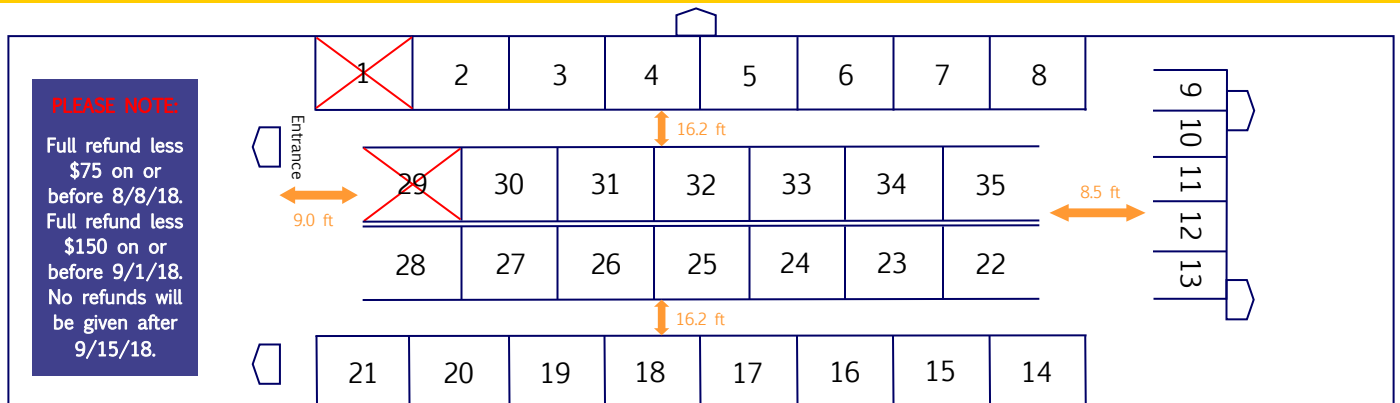
Booth Selection Preference: 1. _____ 2. _____ 3. _____

Booths:

- Please make your booth selection preference above.
- 8x8 booth includes sign, 6' table, two chairs & waste can. **Booth fees include for (1) ONE PERSON ONLY. Only one additional vendor in booth at reduced rate of \$750. Additional registrant must complete registration form and pay full registration rate.**

AGREEMENT: By completing and signing this form, I am agreeing that I understand that IBANYS assigns both booth space on a first-come, first-served basis, and that my booth placement may be changed within reason. I understand that my booth space will not be assigned until IBANYS receives my full payment, and that my company will not be listed on any correspondence until said payment is received. I further understand that all booth personnel must also be registered as convention attendees, and must pay admission accordingly. I agree that IBANYS will retain my payment in the event that my booth representatives are unable to attend, and that IBANYS is not responsible for any loss of money or property from booth abandonment, theft, accident, injury or any other causes. I have read and am aware that this provision is an express condition of this registration agreement, and that all agreements herein shall be construed in accordance with the laws of the State of New York.

Signature: _____ Date: _____



Calculate Booth & Activities:

Single Booth Member: x \$1,350 each = \$ _____

Non-Member Exhibitor: x \$1,850 each = \$ _____

Additional Exhibitor in Booth: x \$750 each = \$ _____

9/25 Golf: _____ Golfers x \$150 each = \$ _____

Name: _____

Handicap: _____

Name: _____

Handicap: _____

Grand Total:

\$ _____

Exhibitor Times:

9/25: 1:00-5:00pm Vendor Booth Set-Up
5:30-7:00pm Tradeshow Opens/Welcomes Vendors/Cocktail Reception

9/26: 5:30-7:30pm Tradeshow Floor Opens/Cocktail Reception/PAC Silent Auction

9/27: 7:15-11:00am Breakdown of booths by 11:00am

Total Payment

Mastercard

My check is enclosed \$ _____ Make checks payable to *IBANYS*

Charge \$ _____ to

Visa Amex

Credit Card #: _____ Exp. Date: _____ CVV: _____

Cardholder Name: _____ Billing Address: _____

Signature: _____