EXHIBITOR registration

2018 ANNUAL convention
Albany, NY • Sept. 25-27, 2018

Ways to Register

FAX (518) 436-4648 **MAIL** IBANYS, 19 Dove St., Suite 101, Albany, NY 12210
EMAIL lindag@ibanys.net **An email will be sent confirming the booth number**

Booth Registration

Company Name

Company Street Address City State Zip

Booth Exhibitor (1) Additional Booth Exhibitor (2) Addt'l fees see below

Contact Email(s)

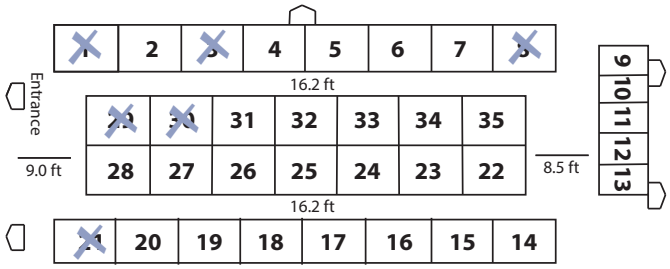
Contact Phone Booth Selection Preference 1. 2. 3.

Booths

- Please make your booth selection preference above AND include payment with the reservation form below.
- 8' x 8' booth includes sign, 6' table, two chairs and waste can.
- Booth fees include registration 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 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 be 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**



Exhibitor Times

Tuesday, Sept. 25	1:00–5:00 pm	Vendor Booth Set-up
	5:30–7:00 pm	Tradeshow Opens/Welcome Vendors/ Cocktail Reception
Wednesday, Sept. 26	5:30–7:00 pm	Tradeshow Floor Opens/ Cocktail Reception/Silent Auction
Thursday, Sept. 27	7:15–11:00 am	Breakdown of Booths by 11:00 am

Calculate Booth & Activity Fees

Single Booth Member	x	$1,350 each	=	$_____
Non-Member Exhibitor	x	$1,850 each	=	$_____
Additional Exhibitor in Booth	x	$750 each	=	$_____
Golf (Wolferts Roost) _____ Golfers	x	$150 each	=	$_____

Name _____ Handicap _____
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Grand Total $_____

Full refund less $75 on or before 8/15/18. Full refund less $150 on or before 9/1/18. No refunds will be given after 9/15/18.

Wednesday Dinner (choose one) ☐ Seared Chicken Picatta ☐ Grilled NY Strip Loin ☐ Herb Crust Salmon ☐ Lasagna (Vegetarian Entree)

Total Payment: $

(fill in **Grand Total** amount from above)

☐ My check is enclosed $_____ Make checks payable to *IBANYS*
☐ Charge $_____ to ☐ MasterCard ☐ Visa ☐ Amex

Credit card # Exp. date CVV# (Amex on front of card)
Print card name
Credit card address (if different than above)
Signature