

Exhibitor registration

Full refund less \$75 on or before 5/17/19.
Full refund less \$150 on or before 5/24/19.
No refunds will be given after 5/25/19.

Ways to Register

EMAIL
lindag@ibanys.net

FAX
(518) 436-4648

MAIL
IBANYS, 19 Dove St., Suite 101, Albany, NY 12210

Booth Registration

Company Name _____

Company Street Address _____

City _____

State _____

Zip _____

Booth Exhibitor (1) _____

Additional Booth Exhibitor (2) Add'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.
- 10' x 10' 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 _____

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 _____ Golfers x \$150 each = \$ _____

Name _____ Handicap _____

Name _____ Handicap _____

Name _____ Handicap _____

Name _____ Handicap _____

Paint N Sip _____ Participants x \$45 each = \$ _____

Name _____

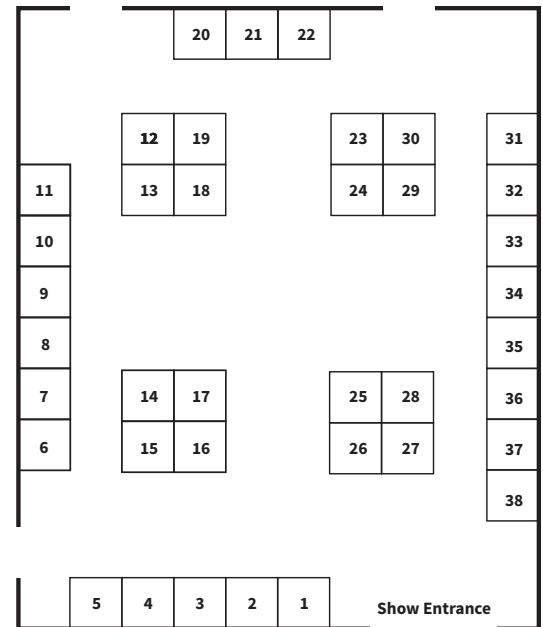
Name _____

Grand Total = \$ _____

Choose Tuesday Dinner _____ Filet Mignon w/Cabernet Demi-Glace

Plated Dinner—Choose One Per Person _____ Seared Salmon w/Gremolata

_____ Fennel Crusted Supreme of Chicken Breast w/Rosemary Jus-lié



Exhibitor Times

Monday, June 10 1:00–5:00 pm Vendor Booth Set-up
5:30–7:00 pm Tradeshow Opens/
Welcome Vendors/
Cocktail Reception

Tuesday, June 11 5:30–7:30 pm Tradeshow Floor Opens/
Cocktail Reception/
Silent Auction

Wednesday, June 12 7:15–11:00 am Breakdown of Booths
by 11:00 am

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 _____