

DSAA 2015 INTERNATIONAL CONFERENCE
NOVEMBER 4-7, 2015
PARTNER/EXHIBITOR REGISTRATION FORM

Company Name _____ Phone _____

Address _____ Fax Number _____

City, State/Province, Zip/Postal Code _____ E-Mail Address _____

Type of Business _____ Contact Name _____

DSAA Partner (Circle One) – Diamond Platinum Gold Silver Bronze No

EXHIBITOR & PARTNER

EXHIBITOR FEE:

One 6" Table (Approximately 10" x 5'), 2 Chairs, 1 Conference Registration, ¼ Page Ad in Program Book (All Ads are in Black & White)	Non-Partner \$1200.00
Additional Space - 2 tables (Total 20' x 5')	+500.00
Additional Space - 3 tables (Total 30' x 5') Corner	+700.00
Additional Attendee, Each	+150.00
Back Partition? Yes No Electricity? Yes No	No Add'l Charge
*Telephone Line, or additional equipment must be arranged thru the hotel & is the responsibility of the vendor.	

1. Additional Delegate

2. Additional Delegate

2. Additional Delegate

4. Additional Delegate

**CIRCLE
METHOD Of
PAYMENT**

VISA

MASTERCARD

DISCOVER

CHECK/MONEY ORDER # _____

Name on Card _____ Credit Card Number _____ Security Code _____ Exp. Date _____

Signature _____ Amount Enclosed _____

PLEASE RESPOND TO THE FOLLOWING

WHICH DSAA FUNCTIONS ARE YOU PLANNING TO ATTEND?	NO	YES	IF YES, HOW MANY?
Opening Reception (Wednesday Evening)			
Opening Breakfast (Thursday Morning)			
Social Event (Thursday Evening)			
Banquet (Friday Evening)			

FAX WITH CREDIT CARD INFORMATION TO: 937-290-0696 OR MAIL TO: DSAA 2014 INTERNATIONAL CONFERENCE
 3125 WILMINGTON PIKE, KETTERING, OH, 45429

Questions, Call 1/800-270-DSAA (3722) Web site: www.thedsaa.org