

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

Company Name

Phone

Address

Fax Number

City, State/Provience, 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, 1/4 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