

# EXHIBIT PERSONNEL FORM

Annual Technology Summit | March 31-April 2, 2019 | Orlando, Florida

## PLEASE COMPLETE ONE FORM PER EXHIBITOR

This form is for Exhibit Personnel Only

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Title \_\_\_\_\_ Name for Badge \_\_\_\_\_

Organization \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Postal Code \_\_\_\_\_ Country \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

## 1. REGISTRATION FEES *(Registration fees are in U.S. dollars.)*

After March 22, 2019, registrations will only be accepted on-site. If your registration is not confirmed by March 22, 2019, your name will not appear on the final registration list. Your organization's dues must be paid to qualify for the member rate.

**One complimentary Exhibit Floor Only registration is included with each 10'x10' exhibit space.**

Registration Type	Member	Non-Member
<b>Exhibit "Floor Only" Registrant<sup>1</sup></b> No Sessions. Floor Only. (one per booth)	<input type="checkbox"/> comp	<input type="checkbox"/> comp
<b>Upgrade to Full Delegate<sup>2</sup></b> (First staff person only) Includes Sessions and all Events in the Program except for Tours.	<input type="checkbox"/> \$275.00	<input type="checkbox"/> \$775.00
<b>Additional "Floor Only" Exhibitor Personnel Registrant<sup>1</sup></b> No Sessions. Floor Only.	<input type="checkbox"/> \$500.00	<input type="checkbox"/> \$500.00
<b>Full Delegate<sup>2</sup></b>	<input type="checkbox"/> \$775.00	<input type="checkbox"/> \$1,275.00

### ATTENTION EXHIBITORS!

Register before **March 22, 2019**  
to appear in the registration list.  
[www.IBTTA.org/orlando](http://www.IBTTA.org/orlando)

## 2. TOURS & EVENTS

For the technical tour, please register to guarantee participation. Tickets will be sold on-site but are subject to availability. **Tickets for the Special Event are available for purchase exclusively to IBTTA members. Non-members must register as a Delegate to attend the Special Event.**

	# OF TICKETS	PRICE	AMOUNT
<b>TECHNICAL TOURS</b>			
Florida Polytech (SunTrax) Sunday, March 31, 2019   8:30am – Noon	_____	\$40.00	_____
Cape Canaveral/Spaceport Sunday, March 31, 2019   8:30am – Noon	_____	\$40.00	_____
<b>EVENING EVENT</b>			
Networking at Universal CityWalk® Monday, April 1, 2019   6:30pm – 9:30pm	_____	included in registration fee	

## FEE INFORMATION

<sup>1</sup> The Exhibit Floor only. The registration fee does not include sessions.

<sup>2</sup> The registration fee includes all meals, receptions and events listed in the Program with the exception of individually priced tours. The Monday Evening Event is included in the registration fee.

## REFUND AND CANCELLATION POLICY

Full registration refunds less \$75 administrative fee will be made if cancellation is received in writing by IBTTA before March 22, 2019. No refunds will be issued after this date. Tours are subject to cancellation if minimums are not met. No refunds will be issued for tour reservations cancelled after March 22, 2019. No refunds will be issued for no-shows. Substitutions are allowed at any time.

## SPECIAL REQUIREMENTS

If you have special meal or other requirements, please contact Anna Sohriakoff at [asohriakoff@ibtta.org](mailto:asohriakoff@ibtta.org).

## REGISTRATION QUESTIONS?

Contact Harry Smith, IBTTA Registrar, at [hsmith@ibtta.org](mailto:hsmith@ibtta.org) or (202) 659-4620 x10.

## PAYMENT SUMMARY

1. Registration Fees \$ \_\_\_\_\_  
2. Tours & Events \$ \_\_\_\_\_  
**Total Due \$ \_\_\_\_\_**

## METHOD OF PAYMENT

I wish to use the credit card listed below:

Visa  MasterCard  American Express

Card Number \_\_\_\_\_

Exp. Date \_\_\_\_\_

Name on Credit Card \_\_\_\_\_

Authorized Signature (only if paying by credit card) \_\_\_\_\_

Billing Address if Different from Above

- Check enclosed  
 Wire Transfer Pending  
(Contact Harry Smith at [hsmith@ibtta.org](mailto:hsmith@ibtta.org))  
 Bill Me

NOTE: If you would like to have your professional fees billed separately from your personal fees, please contact Harry Smith at (202) 659-4620 x10 or [hsmith@ibtta.org](mailto:hsmith@ibtta.org).

I have read and understand the payment and cancellation policies outlined above.

Signature \_\_\_\_\_

Date \_\_\_\_\_