

EXHIBITOR REGISTRATION FORM



A.I.I./NACREI Spring Conference *April 18-19, 2009*

Best Western Airport Plaza
Reno Airport

EXHIBITOR INFORMATION

COMPANY NAME: _____

PRINT NAMES OF REPRESENTATIVES: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____ E-MAIL: _____

WEBSITE: _____

Goods or Services being Displayed: _____

Special Requests or Needs: _____

EXHIBITOR REGISTRATION FEES

TOTAL

Official Conference Sponsor (Call for availability) Includes booth registration fee.	<input type="checkbox"/>	\$500	
Exhibitor Registration Fee: (8' x 8' approximately) Was \$450	<input type="checkbox"/>	\$250	
Meals for Additional Representatives: Includes an additional meal ticket for breakfast & lunch on Saturday & Sunday. QTY _____	<input type="checkbox"/>	\$80	
Unmanned Table Top Space (3' x 3' approximately)	<input type="checkbox"/>	\$150	
Advertising in Conference Program (Full Color Ad) <input type="checkbox"/> Full Page \$325 <input type="checkbox"/> 3/4 Page \$250 <input type="checkbox"/> 1/2 Page \$175 <input type="checkbox"/> 1/4 Page \$100			
Spouse - Includes an additional meal ticket for breakfast, lunch and break time snacks on Saturday & Sunday.	<input type="checkbox"/>	\$80	
(Limited space is available—first come, first served basis.			
		TOTAL DUE	

FOR ADDITIONAL CONFERENCE INFORMATION VISIT: www.inspection.org

PAYMENT INFORMATION

TOTAL AMOUNT DUE: \$ _____ Visa Master Card Am / Ex Discover Check Enclosed
Card #: _____ Exp. Date: ____/____/____ (Payable to American Institute of Inspectors®)

Cardholder Name (print): _____ Signature: _____

CANCELLATION POLICY: Notice of cancellation must be submitted in writing. Cancellations received by April 10, 2009 will be refunded minus a \$100 processing fee. All fees will be forfeited for cancellations received after April 10, 2009.

Contact Best Western Airport Plaza (775) 348-6370