



EXHIBITOR PERSONNEL REGISTRATION FORM

Please return this form **NO LATER THAN February 28, 2018**. Changes may be made at no charge until this date. Additional registrations over the 2 badge allotment (with a 6' x 24" table top space) or 3 badges allotment (with a 10' x 10' booth space) will be assessed at \$100 per badge charge, payable before or at the time of registration. Refunds will not be issued for unclaimed badges.

COMPANY NAME and contact filling out this form: _____

RETURN THIS FORM VIA FAX OR EMAIL: Do not email form if paying by credit card. Either note best phone number for a representative to call you for the information or send via secure fax 978.524.0461

3 Registrants included with a booth space	2 registrants included with a table top space
Personnel #1 first/last name & Cell number:	Personnel #1 first/last name & Cell Number:
Personnel #2 first/last name:	Personnel #2 first/last name:
Personnel #3 first/last name:	

Please add first/last name for additional Badges: **\$100 each.**

	TOTAL CHARGES FOR EXTRA BADGES	\$

Please note that as part of our compliance we can no longer accept credit card numbers via e-mail. This policy is designed to increase data security for cardholders and merchants. Emails received containing credit card information will be blocked. Please use the following methods of payment:


 
 
 Check Enclosed AMOUNT: _____

Secure Fax: + 978.524.0461 This form must be faxed if credit card number is showing. DO NOT EMAIL.

Amount to be charged: \$ _____

Credit Card Number: _____ Exp. _____

Authorized Signature: _____ Date: _____

WIRE TRANSFER – Please call our offices at +978.927.8330 for wiring information.

By signing this document, sponsor agrees to the above grant commitment and that a 50% payment is due with this agreement, with the balance due by July 14, 2017. In the event of cancellation, a refund will not be issued. All artwork must be submitted to CHSS for approval prior to use. This includes banners, screensavers, and ads. Sponsorships will be assigned in order of receipt of Agreements with deposits.

Authorized Signature: _____ Date: _____