

2012 Lifesavers Exhibitor Registration Form

PRIMARY EXHIBIT CONTACT (Complimentary, 1 per booth)

Name: _____
 Preferred First Name for Badge: _____
 Company: _____
 Address: _____
 City: _____ State: _____ Zip: _____
 Telephone: (____) _____ Cell: (____) _____
For updates only - will not be printed in program materials.
 E-mail: _____
Contact information will be used in meeting materials.

Emergency Contact Name (required): _____
 Day Phone: _____ Evening Phone: _____
 Will you be staying at the *Walt Disney World Swan and Dolphin*? Yes No
 If not, where will you be staying? _____

ADDITIONAL PERSONNEL (All booth personnel must register)

If you are purchasing more than one exhibit booth, and/or would like to register additional booth personnel, please enter names below:

Complimentary (for second booth purchase only)
 Name: _____
 Email: _____

Additional Booth Person #1 @ \$200 _____
 Name: _____
 Email: _____

Additional Booth Person #2 @ \$300 _____
 Name: _____
 Email: _____

Additional Booth Person #3 @ \$300 _____
 Name: _____
 Email: _____

BOOTH FEES

	Quantity		Amount	Total
For-Profit Companies	_____	10'x10'	@ \$1,000 ea.	_____
Non-Profit Companies	_____	10'x10'	@ \$500 ea.	_____
Vehicle (2 spaces required)	2	10'x10'	@ \$1,000 ea.	_____
			Total Amount	\$ _____

BOOTH SELECTION

Review the on-line floor plan and select six locations in order of preference. Shaded spaces are not available.

1st _____ 2nd _____ 3rd _____
 4th _____ 5th _____ 6th _____

Special Considerations/Requests: _____

BOOTH IDENTIFICATION SIGN

Company/Organization: _____

EXHIBITOR PROFILE

Please attach a short description of your product/organization. Include your website address.
Exhibit contact information and exhibit profiles will be posted on the Lifesavers website.

For Lifesavers Use Only:	Date Recd.:	Total Amount Due:	Check #:	Amount:	Date To PTF:	Booth #:
	_____	_____	_____	_____	_____	_____



JUNE 14-16, 2012

WALT DISNEY WORLD SWAN AND DOLPHIN

PAYMENT METHOD

Application will not be processed without payment or purchase order. Exhibits MUST be paid for prior to conference.

Register online with credit card or purchase order at www.lifesaversconference.org

We do not accept American Express

VISA MASTERCARD
 CHECK PURCHASE ORDER (attach)

Card Number _____

Expires: ____/____

CW2 Code: _____
The CW2 code is a 3-digit code found on the back of your credit card following the credit card number

I agree to pay the above total amount according to card issuer agreement.

Signature _____

Print name as it appears on card _____

CANCELLATION POLICY

Lifesavers does not accept cancellations by phone. Cancellations may be mailed to Lifesavers Conference, or emailed to magnini@meetingsmgmt.com. You will receive a confirmation of your cancellation. Requests received by May 15, 2012 will be refunded less a 50% administrative fee.

CONTRACT

The undersigned understands and accepts all terms and conditions. This document constitutes a contract.

Signature _____

Company _____

Date _____

Please return this form with your payment or purchase order (checks made payable to Lifesavers Conference, Inc.) to:

Lifesavers Conference, Inc.
Exhibit Booth Application
P.O. Box 30045
Alexandria, Virginia 22310

Phone (703) 922-7944 Fax: (703) 922-7780
 Lifesavers Federal ID #: 52-1648356