



9th Annual Summit • Oct 2-4, 2015
Westin Denver Downtown • Denver, Colorado
Exhibitor Registration Form

EXHIBITOR INFORMATION

Company Name: \_\_\_\_\_ Main Contact: \_\_\_\_\_
Contact Email: \_\_\_\_\_ Phone: \_\_\_\_\_
Address: \_\_\_\_\_ Fax: \_\_\_\_\_
City, State, Zip: \_\_\_\_\_

Representative #1

Name: \_\_\_\_\_ Badge Name (first name): \_\_\_\_\_
Position title: \_\_\_\_\_ Email (required): \_\_\_\_\_

Representative #2

Name: \_\_\_\_\_ Badge Name (first name): \_\_\_\_\_
Position title: \_\_\_\_\_ Email (required): \_\_\_\_\_

FEES

Exhibitor Fee includes registration for 2 representatives, skirted display table, meeting materials, two breakfasts, and networking party.

Exhibitor Fee \$650 \$ \_\_\_\_\_
Exhibitor Fee - Late \$850 \$ \_\_\_\_\_
(Received after June 15, but before August 31, 2015)

Sponsorship Opportunities

Networking Reception on Saturday at 5 pm (limited to two sponsors). \$3000 \$ \_\_\_\_\_
Includes 10 minute interview with Rem to the entire conference, a full page ad in the workbook, and a post conference webinar with Rem.

Breakfast Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ \$1400 \$ \_\_\_\_\_
Includes 5-minute interview with Rem to the entire conference and a half page ad in the workbook.

Morning Coffee Break Saturday \_\_\_\_\_ Sunday \_\_\_\_\_ \$300 \$ \_\_\_\_\_
Includes 1 minute presentation to the entire conference and a quarter page ad.

Additional representatives at \$145/person \$ \_\_\_\_\_

TOTAL: \$ \_\_\_\_\_

Payment type:  Check Card Type:  Visa  Mastercard  American Express

Card number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Billing address on card: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

FAX THIS COMPLETED FORM to 888.719.6875 Attn.: Lori Hibma
TOP PRACTICES, LLC • 308 Harvest Drive, Lititz, PA 17543