



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 (Received after June 15, but before August 31, 2015)	\$850	\$ _____

Sponsorship Opportunities

Networking Reception on Saturday at 5 pm (limited to two sponsors). Includes 10 minute interview with Rem to the entire conference, a full page ad in the workbook, and a post conference webinar with Rem.	\$3000	\$ _____
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Breakfast Includes 5-minute interview with Rem to the entire conference and a half page ad in the workbook.	Saturday _____ Sunday _____	\$1400	\$ _____
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Morning Coffee Break Includes 1 minute presentation to the entire conference and a quarter page ad.	Saturday _____ Sunday _____	\$300	\$ _____
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Additional representatives at	\$145/person	\$ _____
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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**