



11th Annual Summit • September 8–10, 2017  
Caesars Palace • Las Vegas, Nevada

# 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.

<b>Exhibitor Fee</b>	\$650	\$ _____
Exhibitor Fee – Late (Received after May 15, but before July 31, 2017)	\$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	\$ _____
Breakfast Includes 5-minute interview with Rem to the entire conference and a half page ad in the workbook.	Saturday _____ Sunday _____	\$1400 \$ _____
Morning Coffee Break Includes 1 minute presentation to the entire conference and a quarter page ad.	Saturday _____ Sunday _____	\$300 \$ _____
Additional representatives at	\$145/person	\$ _____
<b>TOTAL:</b>		\$ _____

**Payment type:**  Check      Card Type:  Visa     Mastercard     American Express

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

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

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

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

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Fax this completed form to 888-719-6875, attn.: Alex Huss or email it to [Alex@TopPractices.com](mailto:Alex@TopPractices.com)