



12th Annual Summit • September 14–16, 2018  
Renaissance Arlington Capital View Hotel, Arlington, VA  
**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 June 1, but before July 31, 2018)	\$850	\$ _____

#### Sponsorship Opportunities

Networking Reception on Saturday at 5:15 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 \$ _____

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

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

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

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

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

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

**Top Practices, LLC • [www.TopPractices.com](http://www.TopPractices.com)**

**Fax this completed form to 717-625-0552, attn.: Dave Ryan or email it to [Dave@TopPractices.com](mailto:Dave@TopPractices.com)**