



15TH ANNUAL SUMMIT OCTOBER 8-10, 2021
MEET LV, 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, display table, meeting materials, two breakfasts, and networking party.

Exhibitor Fee \$750 \$ _____

Exhibitor Fee – Late \$950 \$ _____

(Received after July 31, but before August 30, 2021)

Sponsorship Opportunities

Networking Reception on Saturday at 5:00 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 _____ \$1500 \$ _____

Includes 5-minute interview with Rem to the entire conference and a half page ad in the workbook.

Morning Coffee Break Saturday _____ Sunday _____ \$400 \$ _____

Includes 1 minute presentation to the entire conference and a quarter page ad.

Electric to booth (includes power strip) \$45 \$ _____

Additional representatives at \$145/person \$ _____

TOTAL: \$ _____

Payment type: Card Type: ☐ Visa ☐ Mastercard ☐ American Express ☐ Discover

Card number: _____ Exp. Date: _____

Cardholder Name: _____

Billing address on card: _____

City, State, Zip _____

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Fax this completed form to 717-625-0552, attn.: Dave Ryan or email it to Dave@TopPractices.com