



17TH ANNUAL SUMMIT • SEPTEMBER 8–10, 2023
CROWNE PLAZA CHICAGO O'HARE • ROSEMONT, IL
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.
 All Sponsorships are in addition to the Exhibitor Fee.

Exhibitor Fee \$850 \$ _____

Exhibitor Fee – Late \$1050 \$ _____
 (Received after June 1, but before July 31, 2023)

Sponsorship Opportunities

Platinum Sponsor \$3250 \$ _____
 Includes a 10-minute main stage presentation, a full page ad in the workbook,
 and a post conference webinar with Rem.

Gold Sponsor \$1750 \$ _____
 Includes a 5-minute main stage presentation and a half page ad in the workbook.

Silver Sponsor \$650 \$ _____
 Includes a 1-minute main stage presentation and a quarter page ad.

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