



18TH ANNUAL SUMMIT • SEPTEMBER 13–15, 2024
SCOTTSDALE HILTON RESORT AND VILLAS • SCOTTSDALE, AZ
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	\$950	\$ _____
Exhibitor Fee – Late (Received after June 1, but before July 31, 2024)	\$1150	\$ _____

Sponsorship Opportunities

Platinum Sponsor Includes a 10-minute main stage presentation, a full page ad in the workbook, and a post conference webinar with Rem.	\$3400	\$ _____
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Gold Sponsor Includes a 5-minute main stage presentation and a half page ad in the workbook.	\$1900	\$ _____
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Silver Sponsor Includes a 1-minute main stage presentation and a quarter page ad.	\$800	\$ _____
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Additional representatives at	\$165/person	\$ _____
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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