



19TH ANNUAL SUMMIT • SEPTEMBER 12–14, 2025
HILTON ROSEMONT/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 two lunches.
 All Sponsorships are in addition to the Exhibitor Fee.

Exhibitor Fee	\$1050	\$ _____
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Exhibitor Fee – Late (Received after June 1, but before July 31, 2025)	\$1250	\$ _____
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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.	\$3600	\$ _____
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Gold Sponsor Includes a 5-minute main stage presentation and a half page ad in the workbook.	\$2100	\$ _____
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Silver Sponsor Includes a 1-minute main stage presentation and a quarter page ad.	\$950	\$ _____
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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: _____

Top Practices, LLC • www.TopPractices.com

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