



20TH ANNUAL SUMMIT • OCTOBER 9–11, 2026
 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, two lunches, and networking party. All Sponsorships are in addition to the Exhibitor Fee.

Exhibitor Fee \$1050 \$ _____

Exhibitor Fee – Late \$1250 \$ _____
 (Received after July 31, but before August 30, 2026)

Sponsorship Opportunities

Platinum Sponsor \$3600 \$ _____
 Includes a 10-minute main stage presentation, a full page ad in the workbook, and a post conference webinar with Rem.

Gold Sponsor \$2100 \$ _____
 Includes a 5-minute main stage presentation and a half page ad in the workbook.

Silver Sponsor \$950 \$ _____
 Includes a 1-minute main stage presentation and a quarter page ad.

Additional representatives at \$165/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