



Tabletop Exhibit Application

October 27-October 30, 2019
Hyatt Coconut Point, Bonita Springs FL

By filling out this form, you agree to the terms and conditions laid out in this brochure. Please type or print clearly. NOTE: Corporate members SAVE on exhibits and advertising!

NOTES: Exhibitors may register up to two representatives for each tabletop. Exhibit representatives may purchase the same meals and events as meeting attendees, at a cost of \$425, which includes: Sunday lunch and evening reception, breakfast and lunch Monday and Tuesday, Monday evening poster reception, Tuesday evening banquet, Wednesday breakfast and coffee breaks. Admittance to sessions requires full registration.

Submit a 50-word company writeup. Attach to application or email to meetings@simbhq.org. Any writeups received after September 23, 2019 maybe not be included in the printed program. ****Group all exhibit costs together.**** ****Group all exhibit representative registration options together.****

TABLETOP AND REGISTRATION

** MEALS ARE NOT INCLUDED WITH THE TABLE FEE **		Single Table	Double Table	Corner Table
1A)	Number of tabletops reserved (SIMB Corporate member):	@\$1500	@\$2900	@\$1700
	Number of tabletops reserved (Non-corporate member):	@\$1800	@\$3500	@\$2000
1B)	Select booth choices: 1) _____ 2) _____ 3) _____			
1C)	Optional exhibitor registration (Meals only)	@ \$425		
1D)	Optional full registration (incl. admittance to sessions, uploads of presentations after meeting, and all meals)	@ \$1010 (Corporate Member)	@ \$1140 (Non-member)	
1E)	Exhibitor Showcase: (Limit 2 per company)	@\$250 (Corporate Memeber)	@\$350 (Non-Member)	
2)	Competitors we request not to be placed next to:	Contact Name, Title: (To receive show correspondence)		
3)	List company information as it should appear in conference materials:	Email:		
	Company Name	Phone:		
	Address:	Fax:		
	City/State/Zip:	URL:		

Provide exhibit representative registration information.

EXHIBIT REPRESENTATIVE #1

Exhibit Hall ONLY Full registration (See cost above)

Name: _____

Title: _____

Address: _____

City, State, ZIP: _____

Tel: _____ Fax: _____

Email: _____

If paying for meals, will you attend the Tuesday Banquet? Yes No

SIMB will only register the two representatives listed on this form. Additional representatives will need to use another form.

Payment

SIMB Federal ID #35-6026526

Check (net 30 days)

Credit Card

Visa MC Amex

Credit Card #: _____

Exp. Date: _____

Name on Card: _____

Signature: _____

TOTAL EXHIBITING COST \$ _____

EXHIBIT REPRESENTATIVE #2

Exhibit Hall ONLY Full registration (See cost above)

Name: _____

Title: _____

Address: _____

City, State, ZIP: _____

Tel: _____ Fax: _____

Email: _____

If paying for meals, will you attend the Tuesday Banquet? Yes No

TOTAL EXHIBITING COST \$ _____