

2019 SIMB ANNUAL MEETING & EXHIBITION REPRESENTATIVE INFORMATION

(return with booth application)

Please email this completed form to Tina.Hockaday@simbhq.org or fax to SIMB (703.691.7991). Type or print clearly. For additional booths or personnel, please reproduce form.

Company

No. of Booths Contracted

Registration is limited to three representatives per booth. One representative will receive full access to the entire meeting (both the exhibit hall and sessions). The other two representatives will have exhibit hall access only. If either wishes to attend sessions, he/she must register for the meeting. Forms are available online at www.simbhq.org/annual/registration.

Representative to receive the Full Exhibit Hall/Session registration

Name: _____		Please Register Me for the Following:
Company Address _____		Tuesday, July 23, 2019
City/State/Zip _____		
Phone _____	Fax _____	5K Fun Run/Walk ___ # attending No Charge
Email _____		(Hold Harmless form required)
Emergency Contact _____	Emergency Phone _____	
Hotel where representative will stay _____		

- I will attend the Society Banquet on Tuesday evening (included in Full Registration)
- I will not attend the Society Banquet on Tuesday evening; reassign my ticket to: (Name) _____

Representatives to receive Exhibit Hall Access Only

Note: Exhibitors with Hall Access Only must pay the full or one-day registration fee to attend sessions. Tickets for all other special events must be purchased.

Name _____		Please Register Me for the Following:
Company Address _____		Tuesday, July 23, 2019
City/State/Zip _____		
Phone _____	Fax _____	Society Reception/Banquet _____ @\$125 \$ _____
Email _____		5K Fun Run/Walk ___ # attending No Charge
Emergency Contact _____	Emergency Phone _____	(Hold Harmless form required)
Hotel where representative will stay _____		

Name _____		Please Register Me for the Following:
Company Address _____		Tuesday, July 23, 2019
City/State/Zip _____		
Phone _____	Fax _____	Society Reception/Banquet _____ @\$125 \$ _____
Email _____		5K Fun Run/Walk ___ # attending No Charge
Emergency Contact _____	Emergency Phone _____	(Hold Harmless form required)
Hotel where representative will stay _____		

- | | |
|--|--|
| <input type="checkbox"/> Invoice my company (30 days) | <input type="checkbox"/> Charge to: <input type="radio"/> Visa <input type="radio"/> MC <input type="radio"/> AMEX |
| <input type="checkbox"/> Check enclosed (Must be drawn from US bank and payable to SIMB) | <input type="checkbox"/> Wire Transfer (Additional \$40 fee applies) |

Card # _____

Exp. Date _____

Signature _____

Name on card: _____

Send complete form and payment to:

SIMB • 3929 Old Lee Highway, Suite 92A • Fairfax, VA 22030 • P: 703.691.3357 • F: 703.691.7991 • Tina.Hockaday@simbhq.org