

## **EXHIBITOR REGISTRATION**

(Please print or type)

**Authorized Contact:** \_\_\_\_\_ **Phone:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Address:** \_\_\_\_\_

**City, State:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**Email Address:** \_\_\_\_\_ **Web site URL:** \_\_\_\_\_

**Product/Service:** \_\_\_\_\_

**Number of exhibitors attending the booth:** \_\_\_\_\_ **Names of exhibitors:** \_\_\_\_\_

### **Price List:**

(Indicate Quantity)	Cost per Space	Total:
____ Regular (8'x10')	x \$175.00 per regular space	_____
____ Additional spaces (8'x10")	x \$165.00 per additional regular space	_____
____ Prime Booth	x \$230.00 per corner space	_____
____ Advertisement	x details pending	_____
____ Brochure for catalog bag	x \$35 for 500 brochures	_____
____ Catalog for catalog bag	x \$45 for 500 catalogs	_____
	<b>Total amount:</b>	_____

List your space preference according to enclosed map of site. Please, note that this does not ensure that you will get your desired spot. But do hurry 22% of our booths are reserved!

Site# \_\_\_\_\_ Site# \_\_\_\_\_ Site# \_\_\_\_\_

List your sandwich preference for your Saturday lunch:

Ham \_\_\_\_\_ Turkey \_\_\_\_\_ Roast Beef \_\_\_\_\_ Vegetarian \_\_\_\_\_

Cost is \$5 per extra lunch. (\*Price is subject to change)

You will receive more information in your confirmation packet.

X \_\_\_\_\_  
*Authorized Exhibitor Signature*

\_\_\_\_\_  
*Print Name*

*Full payment must be included with registration.  
 Please make checks payable to SCOPE and return to:*

**SCOPE Conference 20008  
 PO BOX 376  
 Fair Oaks, CA 95628**

***Include Completed Exhibitor Registration & Exhibitor Agreement forms.***

<i>or Office Use Only</i>		Date rec'd _____	Amount _____
Confirm sent _____	STL sent _____	Check # _____	Balance _____
Final pkt. sent _____	#of tags _____	Lunch# _____	Booth # _____