



TACDC EXHIBITOR REGISTRATION FORM

Name (Last): _____ (First): _____

Title: _____

Organization: _____

Address: _____

City, State, Zip: _____

Phone: () _____ Fax: () _____

E-mail: _____

Are you a member of TACDC? Yes No

Check here if you will join TACDC today, in order to take advantage of the Member rate for the conference. Visit www.tacdc.org, for our membership application.

Check here if you would like Program advertising rates

Exhibitor Setup	Exhibit Hall Open	Exhibitor Tear Down
Sunday, March 15 4:00 PM to 7:00 PM Monday, March 16 8:00 AM to 10:00 AM	Monday, March 16 10:00 AM to 7:00 PM Reception in Exhibit Hall 5:00 PM to 6:30 PM Tuesday, March 17 8:00 AM to 2:00 PM Wednesday, March 18 8:00 AM to 10:00 AM	Tuesday, March 17 2:00 PM to 10:00 PM Wednesday, March 18 7:00 AM to 10:00 AM

Exhibit Space includes:	Exhibitor Benefits include:
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- One 6 foot table
- Two chairs
- Signage

- One conference registrant
(Includes all conference sessions & conference meals—See agenda)
- Listing in conference Program & brochures

Please contact the TACDC office for additional exhibitor needs and questions.

PAYMENT

- \$ 750.00 Exhibitor Fee
- ___ x \$ 200.00 Add'l Attendees
- \$ 45.00 Electricity Add-on

Priority Registration gives you first choice from available exhibit spaces. Priority deadline is February 23, 2009.

- Enclosed is my check made payable to "TACDC."
- By filling out this section, I am authorizing TACDC to charge my credit card listed below, for the amount written above.

TOTAL AMOUNT

\$

CANCELLATIONS: Cancelled exhibitor registrations are refundable through February 23, 2009, less a \$400.00 cancellation fee. After February 23, no refunds will be made.

Cardholder Name: _____ Exp (MM/YYYY): _____

Account Number: _____ Billing ZIP: _____