

**AGA PROFESSIONAL DEVELOPMENT CONFERENCE & EXPOSITION (PDC) ~ EXHIBITOR REGISTRATION FORM**

Company: \_\_\_\_\_

Booth Number: \_\_\_\_\_



- Each exhibitor receives four (4) free booth passes for company representatives to work the booth. Register additional booth staff for \$50/person. Booth passes only permit access to the Exhibit Hall during show hours and do not include the benefits of full conference attendee registration.
- If any members of your team wish to register as an attendee (includes access to the Exhibit Hall, luncheons, receptions, education sessions and the ability to earn CPE credit), they may do so by using the standard conference registration form.

**BOOTH PERSONNEL ~ PLEASE TYPE OR PRINT CLEARLY**

<b>Exhibitor #1 - FREE</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>
<b>Exhibitor #2 - FREE</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>
<b>Exhibitor #3 - FREE</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>
<b>Exhibitor #4 - FREE</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>
<b>Exhibitor #5 - \$50</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>
<b>Exhibitor #6 - \$50</b>	<b>Full Name:</b>	<b>Nickname:</b>
<b>Job Title:</b>		<b>Designations (i.e. CGFM):</b>
<b>Address:</b>		<b>EM:</b>
<b>Optional Lunch Tickets:</b> <input type="checkbox"/> Mon. (\$40) <input type="checkbox"/> Tue. (\$40) <input type="checkbox"/> Wed. (\$40)		<b>Allergies/Special Needs:</b>

**PAYMENT INFORMATION: TO PAY FOR MEAL TICKETS OR EXTRA BOOTH PERSONNEL**

<input type="checkbox"/> Check Enclosed	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Visa	<input type="checkbox"/> AMEX	<input type="checkbox"/>	<b>Expiration Date:</b>
<b>Card Number:</b>				<b>Card Holder Name:</b>	
<b>Signature:</b>				<b>Phone:</b>	

**PLEASE COMPLETE AND RETURN THIS FORM BY ASAP BUT NO LATER THAN MAY 22, 2009.**  
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