

Each exhibitor receives four (4) Exhibit Hall passes for company representatives to work the booth. Additional staff may register for a fee of \$50/person. Lunch tickets may be purchased at \$35 each. Exhibit staff may upgrade to a "Full Conference Attendee" Registration, which includes entrance to education sessions, luncheons and the ability to earn CPE for a fee of \$775.

EXHIBIT STAFF REGISTRATION FORM

PDC 2006 • June 18-21 • San Diego

Deadline: May 19, 2006

COMPANY:

BOOTH#:

PARTICIPANT INFORMATION - PLEASE PRINT CLEARLY

Exhibit Staff #1 - Name:		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - FREE	Lunch: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. (\$35 Ea)	<input type="checkbox"/> Full Registration (\$775)
Exhibit Staff #2 - Name:		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - FREE	Lunch: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. (\$35 Ea)	<input type="checkbox"/> Full Registration (\$775)
Exhibit Staff #3 - Name:		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - FREE	Lunch: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. (\$35 Ea)	<input type="checkbox"/> Full Registration (\$775)
Exhibit Staff #4 - Name:		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only - FREE	Lunch: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. (\$35 Ea)	<input type="checkbox"/> Full Registration (\$775)
Exhibit Staff #5 - Name:		Nickname for Badge:
Job Title:		
Address:		
Phone:	Fax:	E-mail:
<input type="checkbox"/> Booth Only (\$50)	Lunch: <input type="checkbox"/> Mon. <input type="checkbox"/> Tue. <input type="checkbox"/> Wed. (\$35 Ea)	<input type="checkbox"/> Full Registration (\$775)

TOTAL AMOUNT DUE FOR ALL EXHIBIT PERSONNEL: \$ _____

PAYMENT INFORMATION

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

PLEASE COMPLETE AND RETURN THIS FORM TO ADA PHILLIPS BY MAY 19, 2006.

FAX: 703.548.9367.