

# EXHIBITOR REGISTRATION FORM

## CONTACT INFORMATION - *Person staffing the booth/attending the meeting*

FIRST NAME \_\_\_\_\_ LAST NAME \_\_\_\_\_

JOB TITLE \_\_\_\_\_ ORGANIZATION \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

PHONE \_\_\_\_\_ EMAIL \_\_\_\_\_

### SPECIAL NEEDS (Dietary restrictions, ADA accommodations, etc.)

Email a brief description (just a few sentences – longer descriptions will be edited) and your company logo in a .jpg or .png file format to Madison Forker, [mforker@ghsa.org](mailto:mforker@ghsa.org).

### BOOTH SELECTION AND DISPLAY SPACE

Please select three booth locations in order of preference. See the floor plan on page 18.

### EVENTS - *Select **only** the functions you plan to attend*

- Welcome Reception & Exhibitor Showcase, Sun., Aug. 26
- Welcome Luncheon, Mon., Aug. 27
- Awards Luncheon, Tues., Aug. 28
- Taste of the State Reception, Tues., Aug. 28
- Closing Luncheon, Wed., Aug. 29

**Note:** Priority is given to sponsors and GHSA Members and Associate Members.



- 1st \_\_\_\_\_
- 2nd \_\_\_\_\_
- 3rd \_\_\_\_\_

### EXHIBIT FEES - *Select the appropriate item below*

GHSA Members/Associate Members	<input type="radio"/> \$1,100/booth
Nonmembers/Federal Employees	<input type="radio"/> \$1,200/booth

**SPOUSE/GUEST REGISTRATION:** Spouse/Guest (spouse, partner or family member) registrations are handled on an as-needed basis. Highway Safety professionals are not eligible. To register, contact the GHSA Headquarters office once you receive an email confirmation of your meeting and/or exhibit registration. The fee (\$375 on or before 8/10; \$400 on-site) includes the Sunday reception, Monday luncheon and Tuesday reception.

### PAYMENT

Credit Card - Type        

Card # \_\_\_\_\_ CVW \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Check/Money Order (Please attach, make payable to GHSA, Federal ID #521021004)

### POLICIES, WAIVERS AND DISCLAIMERS

The undersigned understands and agrees to all terms and conditions for the use of exhibit space as specified on [ghsa.org/18exhibit](http://ghsa.org/18exhibit).

Authorized Signature \_\_\_\_\_ Print Name \_\_\_\_\_

Company Name \_\_\_\_\_ Date \_\_\_\_\_

Additionally, I have read and accept the registration policies, waivers and disclaimers on page 3. Initial here: \_\_\_\_\_

### RETURN COMPLETED FORM & PAYMENT TO:

**GHSA 2018**  
444 North Capitol Street, NW - Suite 722  
Washington, D.C. 20001  
FAX: 202-789-0946

### QUESTIONS?

Call 202-789-0942 or email [headquarters@ghsa.org](mailto:headquarters@ghsa.org).