## **EXHIBITOR REGISTRATION FORM**

CONTACT INFORMATION

| FIRST NAME   | LAST NAME    |       |     |  |  |
|--|--------------|-------|-----|--|--|
|  |              |       |     |  |  |
| JOB TITLE  | ORGANIZATI   | NC    |     |  |  |
|  |              |       |     |  |  |
| ADDRESS  | CITY         | STATE | ZIP |  |  |
|  |              |       |     |  |  |
| PHONE  | EMAIL        |       |     |  |  |
|  |              |       |     |  |  |
| SPECIAL NEEDS (Dietary restrictions, ADA accommodation | is, etc.)    |       |     |  |  |
|  |              |       |     |  |  |
| EXHIBITING COMPANY NAME (for exhibitor listing and boo | oth signage) |       |     |  |  |

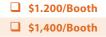
FIRST NAME/LAST NAME OF PERSON STAFFING THE BOOTH/ATTENDING THE MEETING (if different from Primary Contact)

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

- Welcome Reception & Exhibitor Showcase: Sun., Sept. 18
- U Welcome Luncheon: Mon., Sept. 19
- Awards Luncheon: Tues., Sept. 20
- Taste of the State Reception: Tues., Sept. 20
- Closing Luncheon: Wed., Sept. 21

## FEES - Select the appropriate item below

- GHSA Members/Associate Members
- Nonmembers/Federal Employees



**SPOUSES/GUESTS:** Attendees will receive a link in their registration confirmation email that will allow them to purchase guest tickets to the Sunday night Welcome Reception & Exhibitor Showcase and the Tuesday evening Taste of the State Reception.

Exhibitor registration closes July 30.

## BOOTH SELECTION AND DISPLAY SPACE

Select three booth locations in order of preference. See the floor plan on page 13. Priority is given to Highway Safety Champions and GHSA Members. 1st \_\_\_\_\_\_ 2nd \_\_\_\_\_ 3rd \_\_\_\_\_

| PAYMENT   | _                      |                            |  |   |
|---|------------------------|----------------------------|--|---|
| Credit Card - Type  |                        | UISA                       | MasterCard   |   |
| Card #  |                        |                            | CVV  | Exp. Date                                 |
| Authorized Signature Print Name   |                        |                            |  |   |
| Check/Money Order (   | (Please attach, mak    | e payable to GHSA, Fed     | eral ID #521021004)  |   |
| Purchase Order # (Sta   | tes only, please att   | ach)                       |  |   |
| POLICIES, WAIVERS AND DISCLAIMERS   |                        |                            | RETURN COMPLETED   |   |
| The undersigned understands and agrees to all terms and conditions for the use of exhibit space as specified on <i>ghsa.org/events/Annual-Meetings/2022/Exhibit</i> . |                        |                            | FORM & PAYMENT TO:<br>GHSA 2022<br>660 N. Capitol St., NW – Ste, 220 |   |
| Authorized Signature:   |                        |                            | Washington, D.C. 20001   |   |
| Print Name:   |                        |                            |  | QUESTIONS?                                |
| Company Name:   |                        |                            |  | Contact Kerry Chausmer                    |
| Date:   |                        |                            |  | at 202-789-0944 or<br>kchausmer@ghsa.org. |
| I have read and accept the re   | gistration policies, w | vaivers and disclaimers or | n page 3.  | <u></u>                                   |
| Initial here:   |                        |                            |  |   |

