

EXHIBITOR REGISTRATION FORM

CONTACT INFORMATION

FIRST NAME _____ LAST NAME _____

JOB TITLE _____ ORGANIZATION _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

PHONE _____ EMAIL _____

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

EXHIBITING COMPANY NAME (for exhibitor listing and booth 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
- 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 | <input type="checkbox"/> \$1,200/Booth |
| Nonmembers/Federal Employees | <input type="checkbox"/> \$1,400/Booth |

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    
- Card # _____ CVV _____ Exp. Date _____
- Authorized Signature _____ Print Name _____
- Check/Money Order (Please attach, make payable to GHSA, Federal ID #521021004)
- Purchase Order # (States only, please attach) _____

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/events/Annual-Meetings/2022/Exhibit.

Authorized Signature: _____

Print Name: _____

Company Name: _____

Date: _____

I have read and accept the registration policies, waivers and disclaimers on page 3.

Initial here: _____

RETURN COMPLETED FORM & PAYMENT TO:

GHSA 2022
660 N. Capitol St., NW – Ste. 220
Washington, D.C. 20001

QUESTIONS?

Contact **Kerry Chausmer**
at 202-789-0944 or
kchausmer@ghsa.org.