

50th Central Regional Meeting

EXHIBITOR REGISTRATION FORM

Celebrating 100 Years of the ACS Midland Section

Organization (as you would like to appear in EXPO booklet):		
Address:		City/State/Zip:
Website:		
Contact Person:	Phone:	
Fax:	E-mail:	
Booth Attendant 1:	Booth Attendant 2:	
Description of Products or Services (Limited to 350 characters):		
Do you need an electrical cord? <input type="checkbox"/> yes <input type="checkbox"/> no. Other display needs _____		
List three expo booth number choices (please refer to updated maps on the website) (It is understood that CERM 2019 will endeavor to assign space in order of choice. If all spaces selected have been previously assigned, the Exhibits Chair reserves the right to assign space as equitably as possible in accordance with the stated exhibitor preference).		
1st Choice:	2nd Choice:	3rd Choice: Any will do:
EXHIBITOR REGISTRATION FEES		Advance (by 1 April 2019)
		Late (after 1 April 2019)
<input type="checkbox"/> Exhibitor Booth (2 registrations included with booth)		\$1,500.00
<input type="checkbox"/> Exhibitor (each additional registration)		\$159.00
<input type="checkbox"/> Societal Table (unmanned and strictly for advertising)		\$500.00
Meals (included with your registration) - please indicate days you will join for breakfast and/or lunch at The H		
Tuesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
Wednesday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
Thursday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
Friday	<input type="checkbox"/> Breakfast	<input type="checkbox"/> Lunch
		<input type="checkbox"/> Special Request (Specify):
		<input type="checkbox"/> Special Request (Specify):
		<input type="checkbox"/> Special Request (Specify):
		<input type="checkbox"/> Special Request (Specify):
TOTAL FEES:		Method of payment:
Booth(s)	\$ _____	<input type="checkbox"/> Check to Midland Section, ACS <input type="checkbox"/> via PayPal link on website
Additional Exhibitors	\$ _____	Logo Release – I hereby agree to release the use of the company logo for use on the 2019 CERM website. <input type="checkbox"/> Yes <input type="checkbox"/> No
TOTAL AMOUNT ENCLOSED	\$ _____	

Send registration form
with payment (if check) to:

Attn: Brett Zimmerman CO42D1
2200 W. Salzburg Road, Midland, MI 48686
Fax to: 989-496-6824; Phone: 989-496-6526