

2020 DEMO ANNUAL CONFERENCE – EXHIBITOR/SPONSOR

FRIDAY, DECEMBER 11TH – SUNDAY, DECEMBER 13TH

Full Name: _____ (First name for badge) _____
 Company/Organization: _____
 Preferred Mailing Address: _____
 City: _____ State/Province: _____ Zip/Postal Code: _____
 Country: _____ Telephone: (_____) _____ Fax: (_____) _____
 Email: _____
 Additional Booth Representatives Names and Titles: _____

1. Exhibit Opportunities:

Each booth includes two (2) booth representatives and meals on Friday and Sunday (Saturday meals are NOT included). You may bring additional representatives at an additional cost of \$100. Please choose your exhibitor option and the number of additional representatives below.

PLEASE INDICATE IF YOU WISH TO PURCHASE BOOTH SPACE:

DEMO Member \$500
 Non-Member \$750

Exhibit Booth TOTAL \$ _____

Additional Booth Representative # _____ x \$100 = \$ _____

2. Sponsorship Opportunities PLEASE INDICATE YOUR SPONSORSHIP BELOW

Platinum Sponsor \$2,000 Gold Sponsor \$1,000
 \$1,500
 Silver Sponsor \$500
 Bronze Sponsor \$500

Sponsorship TOTAL \$ _____

3. Additional Meals/Activity Fees:

r **Friday** – Columbus Blue Jackets NHL Game, Nationwide Arena @ 7:30PM # _____ x \$50 = \$ _____
 r **Saturday** – Lunch @ 12:00PM # _____ x \$25 = \$ _____
 r **Saturday** – Dinner & Evening Entertainment @ 7:00PM # _____ x \$50 = \$ _____

Vegetarian meals required: Self Guest(s)

Please list any ADA Special Needs: _____

Cancellations/Changes and Refunds: Fees for missed meals, late arrivals, and early departures will not be refunded. Fees will be refunded, less a \$20.00 processing fee, if cancellation or change resulting in a refund is received in writing no later than December 1st, 2020. After that date, fees are non-refundable. All refunds will be processed after the conference. Substitutions are allowed at no charge.

PAYMENT METHOD Check or Money Order must be in U.S. funds payable to: **DEMO**. There will be a \$25.00 fee charged on checks returned by the bank due to insufficient funds. Registration confirmation/receipt and further information will be mailed.

Please check appropriate box: Check Money Order VISA MasterCard **TOTAL AMOUNT DUE** \$ _____
 Card #: _____ Expiration Date: _____ Print Cardholder Name: _____

Please mail or fax completed registration form with payment to: DEMO Conference

PHONE: (614) 451-5010

FAX: (614) 451-5009

Email: Kaylee@demo.org

Please fax or telephone credit card information.

Do not email credit card information because security cannot be guaranteed.

C/O Kaylee Hoffman

**425 Metro PI N #400,
Dublin, OH 43017**