

2018 SDNA Convention Exhibitor/Sponsor Registration Form

Company/Organization _____

Address _____ City/State/Zip _____

Phone _____ Fax _____ Contact Person _____

E-Mail Address _____ Electricity? ____ Yes ____ No

On-site Primary Contact Name _____ Address is same as above

Mailing Address _____ City/State/Zip _____

Phone _____ E-Mail _____

Secondary Contact Name (if any) _____

Exhibit Booth Space

_____ \$350 for 1st booth (\$300 if received by Aug. 27, 2018)

_____ \$300 per additional booth (\$200 if received by Aug. 27 2018)

_____ \$150 for non profits

Sponsorship Support

_____ \$2,000 Banquet Support

_____ \$1,500 Luncheon Support

_____ \$700 Morning Break Support

_____ \$700 Afternoon Break Support

\$ _____ Other Program Support

\$ _____ **Total (Check enclosed)**

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