



Exhibitor Registration Form

1. Please register only one person per form. Form may be duplicated for additional exhibitor personnel registrations. Type or clearly print information.

Name: Mr. Mrs. Ms. _____

Nickname: _____ Credentials: _____

Title: _____

Company: _____

Street Address/PO Box: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

E-mail: _____

Note: Information listed above for nickname, company, city and state will appear on your conference badge exactly as stated.

2. Is this your preferred mailing address for all ASPPA correspondence? Yes No

3. What conference would you like to register to attend?

- | | |
|--|---|
| <input type="checkbox"/> The 401(k) SUMMIT | <input type="checkbox"/> Annual Conference |
| <input type="checkbox"/> Central and Mountain States Benefits Conference | <input type="checkbox"/> Great Lakes Benefits Conference |
| <input type="checkbox"/> Los Angeles Benefits Conference | <input type="checkbox"/> Mid-Atlantic Benefits Conference |
| <input type="checkbox"/> Northeast Area Benefits Conference | <input type="checkbox"/> Summer Conference |

Note: If you wish to receive continuing education credit for attending a conference, please fill out the specific conference registration form for the conference you wish to attend. Regular registration forms are available and may be downloaded at www.asppa.org/education/ed_conf.htm.

4. If you require special arrangements due to a disability, please specify:

5. Please check dietary requirements (if applicable):

Kosher Vegetarian Other – Details: _____

6. Registration Fees

Exhibitor Complimentary (Included with Exhibit Space) \$ 0

Exhibitor Personnel (Additional Booth Personnel) \$ 250

7. Payment Total Fee: \$ _____

Enclosed is a check or money order made payable to ASPPA.

Please charge my credit card for the amount shown above.

Visa MasterCard American Express

Card Number: _____

Expiration Date: _____

Signature: _____

8. Please fax this registration form to the ASPPA Data Services Department at 703.516.9308.