



Thursday, May 11 -
Saturday, May 13

The Renaissance
Baltimore, MD

2017 Facility Operators Conference & Trade Show

EXHIBITORS REGISTRATION

Reservations *(Insert number & names.)*

- ___ **Booth Space(s)** (Fri. 5/12 - Sat. 5/13)
- ___ **Total Admissions**—WRITE NAMES BELOW:

Extras *(Visit USIndoor.com for details.)*

- ___ **Facility Bus Tour** (Thurs. 5/11)
\$95/person—8:30am to 4:30pm *(lunch included)*
- ___ **Power Plant Live Welcome** (Thurs. 5/11)
INCLUDED! 5:00pm to 7:00pm
Guests: \$50
- ___ **Closing Celebration** (Sat. 5/13)
INCLUDED! 5:00pm to ?
Guests: \$25

Exhibition Pricing

Members: \$1,175
Non-Members: \$1,750

Each includes exhibition booth (10 x 10 sq. ft.), 2 admissions, 2 folding chairs, 6 ft. table with skirt, meals.

Options

Additional Attendees (3rd or more): \$295 (\$395 after 4/30)
Tradeshow Guest Pass (5/13, only): \$295 (\$395 after 4/30)

GUEST NAME(S): _____

Sponsorship Opportunities (Ask us!)
Storage, Electricity, Internet: variable pricing
Order Form to be provided via e-mail.

Total Reservation Fees: \$ _____

Main Product or Service Lines *(e.g., building construction, flooring, soccer boards, insurance, software, scoreboards, apparel, programming etc.):* _____

**Required Field*

Member Non-Member Want to learn more *

* I, on behalf of Exhibitor, agree to the "USIndoor Exhibitor Contract," including duty to obtain an insurance certificate protecting USIndoor, as set forth in section 10.

Exhibitor Name:* _____

Tradeshow Contact:* _____

Title:* _____

Address:* _____

City:* _____

State/Province:* _____

Postal Code:* _____ Country: _____

Telephone:* _____ Evening: _____

Fax: _____

E-mail Address:* _____

(All communications to be sent to this address.)

Website Address: _____

Payment Information

Please mail this completed form along with payment in full by check made payable to "USIndoor," or fax *and* mail this form, including the following information to pay by credit card (Visa, MasterCard, Discover, American Express):

Name on Card: _____

Card Number: _____

Expiration Date: _____

Billing Name & Address: _____

Signature: _____

*Please mail or fax together with payment or credit card information (and sponsorship form, if applicable) to:
USIndoor, Inc., 1340 N. Great Neck Rd., #1272-142, Virginia Beach, VA, 23454
Fax: 509-357-7096. Questions? Call us at 703-820-2810.*