



Thursday, May 15 -
Saturday, May 18

Crown Plaza
Indianapolis, IN

2018 Facility Operators Conference & Trade Show

EXHIBITOR REGISTRATION

Reservations *(Insert number & names.)*

- ___ **Booth Space(s)** (Thurs. 5/17 - Fri. 5/18)
- ___ **Total Admissions**—WRITE NAMES BELOW:
 1. _____
 2. _____

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

- ___ **Facility Bus Tour** (Wed. 5/16)
\$95/person—8:30am to 4:30pm *(lunch included)*
- ___ **Opening Welcome** (Wed. 5/16)
INCLUDED! 5:00pm to 7:00pm
Guests: \$50—Name(s): _____
- ___ **Closing Celebration** (Fri. 5/18)
INCLUDED! 5:00pm to ?
Guests: \$25—Name(s): _____

Exhibition Pricing

Members: \$1,125 (\$1,275 after 2/1/18)
Non-Members: \$1,650 (\$1,850 after 2/1/18)
*Includes exhibition booth (10 x 10 sq. ft.), 2 admissions,
2 chairs, 6 ft. table with side and back drape, meals.*

Options

Additional Attendees (3rd or more): \$295 (\$395 after 4/15)
 Tradeshow Guest Pass (5/18, only): \$295 (\$395 after 4/15)

NAME(S): **CIRCLE**

1. _____ Attendee or Guest
2. _____ Attendee or Guest

Sponsorship Opportunities (Ask us!)
 Storage, Electricity, Internet: variable pricing
Order Form to be provided with exhibitor kit.

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:* _____

Exhibitor Contact:* _____

Title:* _____

Address:* _____

City:* _____

State/Province:* _____

Postal Code:* _____ Country: _____

Telephone:* _____ Mobile: _____

Fax: _____

E-mail Address:* _____

(All communications to be sent to this e-mail 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, Master Card, Discover, American Express):

Name on Card: _____

Card Number: _____

Expiration Date: _____ CVV: _____

Billing 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 Jennifer Mobley at 417-581-0632.