

Vendor Registration Form

Please return the Registration Form
no later than July 14th.



International Association
for Identification

102nd International Educational Conference
ATLANTA, GEORGIA - AUGUST 6-12, 2017

1 VENDOR ATTENDEE INFORMATION

NAME OF EXHIBITING COMPANY: _____

1. FULL NAME: _____ BADGE NICKNAME NAME IF DIFFERENT: _____

REGISTRATION FOR: ____ FULL OR ____ DAILY

2. FULL NAME: _____ BADGE NICKNAME NAME IF DIFFERENT: _____

REGISTRATION FOR: ____ FULL OR ____ DAILY

3. FULL NAME: _____ BADGE NICKNAME NAME IF DIFFERENT: _____

REGISTRATION FOR: ____ FULL OR ____ DAILY

4. FULL NAME: _____ BADGE NICKNAME NAME IF DIFFERENT: _____

REGISTRATION FOR: ____ FULL OR ____ DAILY

5. FULL NAME: _____ BADGE NICKNAME NAME IF DIFFERENT: _____

REGISTRATION FOR: ____ FULL OR ____ DAILY

REGISTRATION FEES

Exhibitors receive one FULL registration per booth, which entitles them to all social functions and educational sessions, OR two floor passes which only allow admittance to the Exhibit Hall.

Additional FULL registrations are \$350. Additional FLOOR PASSES are available for \$125 per day per person.

____ ADDITIONAL FULL VENDOR ATTENDEES \$350 PER ATTENDEE \$ _____

____ ADDITIONAL DAILY FLOOR PASSES AT \$125 PER DAY \$ _____

TOTAL VENDOR ATTENDEE REGISTRATION AMOUNT DUE:

\$

3 PAYMENT INFORMATION

TOTAL AMOUNT DUE IN USD: \$ _____

CHARGE TO MY (CHECK ONE): VISA MASTERCARD AMERICAN EXPRESS NOVUS/DISCOVER

CREDIT CARD NUMBER: _____ EXPIRATION DATE: _____ 3 DIGIT CODE ON BACK: _____

SIGNATURE OF CARDHOLDER: _____

BILLING ZIP CODE: _____ NAME AS IT APPEARS ON CARD: _____

CHECK ENCLOSED. PAYABLE TO THE: IAI Conference

YOU MAY REGISTER BY:



MAIL:
IAI Conference
20601 Netherland Street
Orlando, FL 32833



FAX:
1-407-568-7689
Attention: Jim Murray

EMAIL:
conference@theiai.org

QUESTIONS OR ADDITIONAL INFORMATION CALL: 407-810-6112