

EXHIBITOR REGISTRATION FORM

Use this form to register the individuals who will utilize the 2 full registrations included per booth purchase

Exhibitor Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Primary Contact: \_\_\_\_\_ Email: \_\_\_\_\_

Full Registration includes one preconference workshop, access to all educational sessions, proceedings, networking reception, Tuesday luncheon, Wednesday Awards Breakfast, and Wednesday evening social event.

Workshops—Monday, October 23. One workshop (full or half-day) is FREE to full conference registrants. Anyone other than a Full Registrant will be charged for a workshop (Member \$195 US, Non-member \$245 US). Indicate your 1st, 2nd and 3rd choices below. First-come, first served based on availability. Please check here if you will not be attending a workshop:  I will not attend a workshop.

Table with 4 columns: Workshop Name, 1st Choice, 2nd Choice, 3rd Choice. Rows include Half-Day Morning Workshop 8:30 AM - 12:00 PM, Full-day Workshops 8:30 AM - 5:00 PM, and Half-day Afternoon Workshop 1:00 - 5:00 PM.

Please answer: Is this your first GIS-Pro Conference?  Are you a presenter at GIS-Pro 2017?   Check here if you have any disabilities that may keep you from participating fully in the conference. We will contact you to discuss your specific need. Check here if you wish to receive information about young professional activities at the conference.

These ticketed items are included in a full registration. Please select the ones you are planning to attend to assist with meal planning and avoid unnecessary waste. Tuesday luncheon:  Wednesday Awards Breakfast:  Wednesday Evening Social Event:

Cancellation & Refund Policy: All cancellations must be received in writing at URISA Headquarters on or before September 8, 2017 in order to receive a refund, less a \$100 processing fee (a \$25 fee for cancelled workshop registrations). No refunds after September 8, 2017.

If the person city and state is different from the company location please indicate below so the correct information is printed on the name badge.

Required: I have read and will abide by the URISA Code of Conduct: I am a current member of (check all that apply):  URISA  Florida URISA  Carolina URISA  Georgia URISA

Exhibitor 1

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation \_\_\_\_\_ Job title \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Exhibitor 2

First Name \_\_\_\_\_ Last Name \_\_\_\_\_

Designation \_\_\_\_\_ Job title \_\_\_\_\_

Email \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_