



## EXHIBITOR REGISTRATION

Crown Plaza Williamsburg at Ft. Magruder, April 14-15, 2010

<b>COMPANY NAME:</b>
<b>ADDRESS:</b>
<b>CITY, STATE ZIP:</b>
<b>TELEPHONE NUMBER:</b>
<b>FAX NUMBER:</b>
<b>CONTACT (Name / e-mail):</b>
<b>EXHIBITOR REGISTRANT (Name/E-Mail):</b>
<b>EXHIBITOR REGISTRANT (Name/E-Mail):</b>
<b>Additional Exhibitor Registrant (Name/E-Mail):</b>
<b>Additional Exhibitor Registrant (Name/E-Mail):</b>

### GENERAL INFORMATION

Cost per booth includes one 8ft x 10ft (approx) space (draped table and 2 chairs) and Meeting Registration for up to two participants.

Booths should be set up between 2:00 PM and 5:00 PM on Wednesday, April 14.

It is requested that you do not tear down before 5:00 PM on Thursday, April 15.

Exhibitors are invited to join us for the Thursday, April 15 Group Dinner.

### EVENT SPONSORSHIP

Our meeting includes meal and refreshment breaks between the segments of the agenda. If you would like additional visibility for your company, sponsorship opportunities are available at recommended levels from \$250 to \$1,000. However, any amount that you contribute to any of these events would be appreciated. Prominent signage will be displayed during the event recognizing your support.



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COMPANY NAME:				
No. of Booth Spaces Required:	COST (Each)	Electrical Service	Internet Access	TOTAL
	\$495	\$45	Included	
No. of Additional Registrants:	COST (Each)			
	\$95			
No. of Dinner Attendees:	COST (Each)			
	\$69.95	Please register for this event before March 24, 2010		
Sponsored Event	Sponsored Amount			
Breakfast, April 15 \$500				
AM Break, April 15 \$250				
Lunch, April 15 \$750				
PM Break, April 15 \$250				
Group Dinner, April 15 \$1,000				
			Total	

Please send registration forms and payment, made out to EDMSSA, to:

Natalie Bartlett, Treasurer  
 % 2-Way Communications Service, Inc.,  
 23 River Road  
 Newington, NH 03801.  
 Fax: 603-431-4382  
 e-mail: [nbartlett@2-way.biz](mailto:nbartlett@2-way.biz)

For Credit Card payments please call Natalie Bartlett at 603-431-6288 x124

Authorized Representative Name: \_\_\_\_\_

Authorized Representative Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank you. Your support of our organization is greatly appreciated.