

ASSOCIATE / EXHIBITOR REGISTRATION AMERICAN BUS MARKETPLACE

January 15-19, 2010
National Harbor, MD



Company Name: _____ Company Registration Contact: _____
 Company Address: _____
 Company Phone: _____ Company Email: _____

REGISTRATION TYPE – CHECK THE TYPE(S) BELOW. Full descriptions for registration types are available at www.buses.org/marketplace or on reverse side.

- ASSOCIATE:** Associate members who want to sell their products/services to operator and/or travel industry members on the Networking Floor.
 - REPRESENTATIVE:** Networking Floor/Coach Exhibit staff – all week.
 - PRODUCT PAVILION EXHIBITOR:** Delegate for Product Pavilion - Saturday, Jan. 16 only.
- SELLER:** Associates who attend Marketplace to sell their product to Tour and Bus Operators through prescheduled appointments will have access to the Business Floor. Associates wishing to take appointments will be scheduled along with the attraction members. Sellers in these sessions will be prescheduled in one of the following, but will have access to the Business Floor all day Monday and Tuesday. Appointment sessions: Monday AM/Tuesday PM or Monday PM/Tuesday AM.

EXHIBIT TYPE – CHECK BOOTH TYPE BELOW. Full descriptions for registration types are available at www.buses.org/marketplace or on reverse side.

- NETWORKING FLOOR BOOTH:** 10X10 Exhibit; does not include delegate registration or furnishing. All Marketplace week (Jan. 15-19).
- COACH EXHIBIT:** Does not include delegate registration. Coaches on display must be ABA members & must be manned during show hours. All Marketplace week (Jan. 15-19).
- PRODUCT PAVILION EXHIBIT:** 10x10 space, 8' table, 2 chairs, carpet, drape, one exhibitor pass for Saturday, Jan. 16 only.

REGISTRATION/EXHIBIT FEES: DESCRIPTIONS/ELIGIBILITY INFORMATION AVAILABLE ON REVERSE SIDE AND AT WWW.BUSES.ORG/MARKETPLACE

ASSOCIATE DELEGATES

Representative: \$795
Product Pavilion Primary Exhibitor: Included in exhibit fee
Product Pavilion Additional Exhibitor: \$100
Attendee
 Member Day Pass: \$200 per day/2 day max.
 Non Member Day Pass: \$300 per day/2 day max. (\$100 will be refunded if join you ABA by June 30, 2010)
Associate Guest: \$600 (Can not be employed by ABA Company)

SELLER DELEGATES

Appointment-taking Delegate
 Seller Early Bird Registration (until July 15): \$1195
 Seller Regular Registration (starting July 16): \$1225
Observer Delegate
 Seller Early Bird Registration (until July 15): \$1195
 Seller Regular Registration (starting July 16): \$1225
Guest
 Seller Guest Registration: \$600 (Can not be employed by ABA Company)

EXHIBIT FEES

Networking Floor Exhibit: \$2000
Coach Exhibit: \$3000 per coach
Product Pavilion Exhibit
 Early Bird Registration (until July 14): \$400
 Regular Registration (starting July 15): \$600

FOUNDATION PAID EVENTS – AVAILABLE FOR ASSOCIATES AND SELLERS

Foundation Afterglow: \$35

PAYMENT INFORMATION: Total Amount Due \$ _____ . All payments are due by Sept. 15, 2009. Payments are in US Dollars.

- Credit Card Check Enclosed Please invoice No payment required
- Visa MasterCard American Express

Card Number _____ Expiration Date _____ Print name as it appears on card _____

DELEGATE INFORMATION: CHECK REGISTRATION TYPE AND ANY FOUNDATION EVENTS FOR EACH DELEGATE

<p>ASSOCIATE</p> <input type="checkbox"/> Representative <input type="checkbox"/> Pavilion Primary Exhibitor <input type="checkbox"/> Pavilion Additional Exhibitor <input type="checkbox"/> Associate Member Day Pass <input type="checkbox"/> Associate Non Member Day Pass <input type="checkbox"/> Associate Guest	<p>SELLER</p> <input type="checkbox"/> Appointment-taking Seller <input type="checkbox"/> Observer <input type="checkbox"/> Seller Guest	<p>FOUNDATION</p> <input type="checkbox"/> Afterglow	<p>Delegate Name _____</p> <p>Delegate E-Mail _____</p> <p>Delegate Title _____</p> <p>First Time at Marketplace (circle one) YES NO</p>
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By signing this form, I am agreeing to the Marketplace Conditions on the reverse side. _____

- Signature _____ Date _____
- I have a special badge request and have attached the request.
 - I have a disability and need special assistance, or I have a special dietary need. The necessary information regarding my need is attached. Every effort will be made to accommodate your request(s).