

**DMO/CVB REGISTRATION  
AMERICAN BUS MARKETPLACE**

January 15-19, 2010  
National Harbor, MD



Company Name: \_\_\_\_\_ Company Registration Contact: \_\_\_\_\_  
Company Address: \_\_\_\_\_  
Company Phone: \_\_\_\_\_ Company Email: \_\_\_\_\_

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

**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

**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 ABA by June 30, 2010)

**Guest**

Seller Guest Registration: \$600 (Can not be employed by ABA Company)

**DMO APPOINTMENT SCHEDULE  
SUNDAY AM/SUNDAY PM**

**FOUNDATION PAID EVENTS**

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**

**SELLER** Delegate Name \_\_\_\_\_  
 Appointment-taking Seller  
 Observer Delegate E-Mail \_\_\_\_\_  
 Member Day Pass Delegate Title \_\_\_\_\_  
 Non Member Day Pass  
 Seller Guest  
**FOUNDATION** First Time at Marketplace (circle one) YES NO  
 Afterglow

**SELLER** Delegate Name \_\_\_\_\_  
 Appointment-taking Seller  
 Observer Delegate E-Mail \_\_\_\_\_  
 Member Day Pass Delegate Title \_\_\_\_\_  
 Non Member Day Pass  
 Seller Guest  
**FOUNDATION** First Time at Marketplace (circle one) YES NO  
 Afterglow

**SELLER** Delegate Name \_\_\_\_\_  
 Appointment-taking Seller  
 Observer Delegate E-Mail \_\_\_\_\_  
 Member Day Pass Delegate Title \_\_\_\_\_  
 Non Member Day Pass  
 Seller Guest  
**FOUNDATION** First Time at Marketplace (circle one) YES NO  
 Afterglow

**SELLER** Delegate Name \_\_\_\_\_  
 Appointment-taking Seller  
 Observer Delegate E-Mail \_\_\_\_\_  
 Member Day Pass Delegate Title \_\_\_\_\_  
 Non Member Day Pass  
 Seller Guest  
**FOUNDATION** First Time at Marketplace (circle one) YES NO  
 Afterglow

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).