

# MARKETPLACE 2011 PHILADELPHIA



## DMO/CVB REGISTRATION

January 8-12, 2011

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): \$1250

**Observer Delegate**

Seller Early Bird Registration (until July 15): \$1195  
 Seller Regular Registration (starting July 16): \$1250

**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, 2011)

**Guest**

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

**DMO APPOINTMENT SCHEDULE**  
**MONDAY AM/MONDAY PM**

**FOUNDATION PAID EVENTS**

Foundation Afterglow: \$35

**PAYMENT INFORMATION: Total Amount Due \$\_\_\_\_\_ . All payments are due by Sept. 16, 2010. 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**

<b>SELLER</b>	Delegate Name _____		
<input type="checkbox"/> Appointment-taking Seller	Delegate E-Mail _____		
<input type="checkbox"/> Observer	Delegate Title _____		
<input type="checkbox"/> Member Day Pass			
<input type="checkbox"/> Non Member Day Pass			
<input type="checkbox"/> Seller Guest			
<b>FOUNDATION</b>	First Time at Marketplace (circle one)	YES	NO
<input type="checkbox"/> Afterglow			

<b>SELLER</b>	Delegate Name _____		
<input type="checkbox"/> Appointment-taking Seller	Delegate E-Mail _____		
<input type="checkbox"/> Observer	Delegate Title _____		
<input type="checkbox"/> Member Day Pass			
<input type="checkbox"/> Non Member Day Pass			
<input type="checkbox"/> Seller Guest			
<b>FOUNDATION</b>	First Time at Marketplace (circle one)	YES	NO
<input type="checkbox"/> Afterglow			

<b>SELLER</b>	Delegate Name _____		
<input type="checkbox"/> Appointment-taking Seller	Delegate E-Mail _____		
<input type="checkbox"/> Observer	Delegate Title _____		
<input type="checkbox"/> Member Day Pass			
<input type="checkbox"/> Non Member Day Pass			
<input type="checkbox"/> Seller Guest			
<b>FOUNDATION</b>	First Time at Marketplace (circle one)	YES	NO
<input type="checkbox"/> Afterglow			

By signing this form, I am agreeing to the Marketplace Conditions available on website. \_\_\_\_\_

- I have a special badge request and have attached the request. \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
 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).*