

ADVANCE REGISTRATION

2002 BUILDING COMPONENT MANUFACTURERS CONFERENCE

Oct. 16 -18 • Columbus, OH



BUILDING A NEW TOMORROW

If attendees work at different locations, or if registering more than eight attendees, please photocopy this form and use a separate sheet for each location.

COMPANY INFORMATION:

| | |
|--|--|
| COMPANY NAME (PLEASE PRINT) | PRINCIPAL DECISION-MAKER NAME |
| ADDRESS | TITLE |
| CITY, STATE ZIP CODE | TELEPHONE FAX |
| COMPANY'S MAIN EMAIL ADDRESS (IF APPLICABLE) | WHO SHOULD WE CONTACT IF WE HAVE ANY QUESTIONS? |
| COMPANY'S WEB SITE ADDRESS (IF APPLICABLE) | EMAIL OF CONTACT PERSON (IF APPLICABLE) |

HOW DID YOU RECEIVE THIS REGISTRATION FORM?

- PROMOTIONAL MAILING
 I CALLED AND HAD IT SENT TO ME
 WEB SITE
 Structural Building Components Magazine
 I AM ALSO REGISTERING FOR GOLF. SEE ATTACHED FORM.

PAYMENT INFORMATION:

- CHECK ENCLOSED (*payable to BCMC*)
 MC
 VISA
 AMEX

| | |
|--|-----------|
| CARD NO. (PLEASE PRINT) | EXP. DATE |
| NAME THAT APPEARS ON CARD (PLEASE PRINT) | SIGNATURE |

PLANT TOURS: MORE INFORMATION FOUND ON PAGE 8.
 SELECTED CHOICE OF TOUR DESTINATIONS BELOW DOES NOT NECESSARILY GUARANTEE AVAILABILITY OR ADMISSION.

| 1. | 2. | 3. | 4. | 5. | 6. | 7. | 8. | (PLEASE PRINT NAMES) | | | REGISTRATION | ATTENDING | PLANT TOUR | *SPECIAL | FEE |
|-------|-------|-------|-------|-------|-------|-------|-------|----------------------|-------|----------|--------------|-------------|--------------------------|-------------------|----------|
| | | | | | | | | FIRST | LAST | FAMILIAR | CIRCLE ONE | SPOUSE TOUR | CIRCLE ONE IF APPLICABLE | NEEDS (See below) | |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |
| _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | \$ _____ |

Subtract \$160 if you are now joining WTCA, STCA or SCDA as a regular member. (Completed application and annual dues must accompany this registration form.) (New Member Discount) LESS \$ _____

All changes to registration orders must be submitted in writing, in the form of mail, fax or email. **TOTAL \$ _____**
 Check here if this is a change to a previous registration for BCMC 2002.

*Patrons with disabilities should notify WTCA at least two weeks prior to the show (10/2/02) so that reasonable accommodations may be made.

For Office Use Only:

| | | | |
|--|-------------------------|------------|-------------|
| Date Rcd: _____ | Database verified _____ | DATE _____ | INITS _____ |
| LOCID _____ | Contact defined _____ | _____ | _____ |
| <input type="checkbox"/> Check # _____ | Order # _____ | _____ | _____ |
| <input type="checkbox"/> Charge _____ | Payment processed _____ | _____ | _____ |
| | Contact updated _____ | _____ | _____ |

Cut off date for pre-registration is Friday 10/11/02.
 If paying by check, please do not fax in this form.

PLEASE RETURN COMPLETED FORM WITH FULL PAYMENT TO: BCMC
One WTCA Center
6300 Enterprise Lane
Madison, WI 53719
Or fax: 608/274-3329