

# EXHIBITOR REGISTRATION FORM



## & GAINING MOMENTUM



▶ **BCMC 2010** ▶ **SEPTEMBER 29-OCTOBER 1** ▶ **CHARLOTTE, NC**

**EXHIBITOR EMPLOYEE REGISTRATION:** Exhibitors shall be provided registrations/badges for their employees or manufacturer representatives and/or agents (referred to herein as "Employee Badges.") Exhibitors are allotted three Employee Badges for a 10' x 10' booth. All other exhibitors are allotted two Employee Badges per 100 square feet of paid exhibit space. A list of all exhibitor personnel who are provided Employee Badges shall be provided by exhibitors to BCMC 2010 two weeks in advance of the show. Employee Badges shall be worn by such personnel at all BCMC 2010 functions. The

person whose name is on the Employee Badge is responsible to pick up such badge and must show identification. **Exhibitors are not allowed to issue or assign Employee Badges to non-exhibitor personnel, component manufacturers or other show attendees.** Children over the age of 14 may be admitted to the exhibit area during exhibit hours only with prior approval from the Committee. **AT NO TIME ARE CHILDREN ALLOWED DURING EXHIBITOR MOVE-IN OR MOVE-OUT.**

**CANCELLATION POLICY:** Cancellations must be made

in writing on or before August 25, 2010 and will entitle registrants to a partial refund; \$75 of each registration fee is nonrefundable. No refunds will be issued after August 25, 2010, including "no shows". Substitutions of exhibiting company personnel are allowed.

	Thru 8/25	After 8/25
MEMBER	\$165	\$190
NON-MEMBER	\$250	\$275
SPOUSE	\$120	\$120

COMPANY CONTACT

COMPANY

ADDRESS

CITY / STATE / ZIP

PHONE / FAX

EMAIL / WEBSITE

SIZE OF BOOTH (SQ. FT.)

### PAYMENT INFORMATION:

CHECK ENCLOSED (PAYABLE TO BCMC)

AMERICAN EXPRESS  MASTERCARD  VISA

CARD NUMBER

EXP. DATE

VERIFICATION CODE

CARDHOLDER (PLEASE PRINT)

SIGNATURE

Patrons with disabilities should notify BCMC staff at least two weeks prior to the show (9/14/10) so that reasonable accommodations may be made.

Cut off date for pre-registration is Friday 9/24/10. If paying by check, please do not fax in this form.

RETURN COMPLETED FORM WITH EACH PAYMENT TO:

**BCMC**  
**6300 ENTERPRISE LANE**  
**MADISON, WI 53719**

Please indicate EXHIBITOR PERSONNEL REGISTRATION (EPR) (not for spouse tour registrant) or use the appropriate fee for each registrant. Submit payment with this form. Use one page per location.

I AM ALSO REGISTERING FOR GOLF. SEE ATTACHED FORM.

PLEASE TYPE OR PRINT INFORMATION CLEARLY.

1. Employee (First/Last)

Familiar/Badge Name (If different than above)

Name of company where this person works (If different than exhibiting company)

List their company name on their badge

List our company name on their badge

Spouse Tour  EPR FEE \_\_\_\_\_

2. Employee (First/Last)

Familiar/Badge Name (If different than above)

Name of company where this person works (If different than exhibiting company)

List their company name on their badge

List our company name on their badge

Spouse Tour  EPR FEE \_\_\_\_\_

3. Employee (First/Last)

Familiar/Badge Name (If different than above)

Name of company where this person works (If different than exhibiting company)

List their company name on their badge

List our company name on their badge

Spouse Tour  EPR FEE \_\_\_\_\_

**TOTAL AMOUNT ENCLOSED** \$ \_\_\_\_\_

All changes to registration orders must be submitted in writing in the form of mail, fax, email or using the online system.

Check here if this is a change to a previous registration for BCMC 2010.

<b>For Office Use Only:</b>		Order # _____
Date Rcd: _____	<input type="checkbox"/> Check # _____	<input type="checkbox"/> Charge
LOCID _____	DATE _____	INITS _____
Database Verified: _____	DATE _____	INITS _____
	Payment processed	DATE _____