BCMC 2001 EXHIBITOR REGISTRATION FORM

www.bcmcshow.com Kentucky International Convention Center • Louisville, KY • October 31 - November 2 www.woodtruss.com

Exhibitors are entitled to three (3) complimentary registrations (CER's) for 10' x 10' booths. All other exhibitors shall receive a maximum of two (2) complimentary registrations per 100 square feet of exhibit space leased. A list of all exhibitor personnel shall be provided to show management staff **2 weeks** in advance of the show. This list will become the final number of badges provided to each exhibitor. Name badges will be issued and must be worn by registered attendees at all BCMC functions. The person whose name is on the badge is responsible to pick up the badge and must show identification if necessary. **Exhibitors are not allowed to issue complimentary badges to non-exhibitor personnel**. All exhibitor personnel must wear a name badge that lists the company name submitted on the contract for booth space. Children over 14 may be admitted to the exhibit area during exhibit hours only with prior approval from the BCMC Committee. CHILDREN ARE NOT ALLOWED ON THE SHOW FLOOR DURING EXHIBITOR SET-UP.

This form may be duplicated to register additional exhibitor personnel. The registration fees at right will apply for exhibitor registrations over and above the complimentary allotment.

Each registrant will be entitled to admission to the exhibit hall, educational sessions and the welcome reception. The spouse fee is a full registration that also includes the Thursday tour and lunch. Please check the Spouse Tour box and fill in the $105 fee, if registering a spouse that will attend the tour.

CANCELLATION POLICY: Registration fees will be refunded if cancellation notice is received in writing at WTCA on or before September 24, 2001. After September 24th, no fees will be refunded. Substitutions of exhibiting company personnel are allowed.

	Through 9/24	After 9/24
Member	**$150**	**$175**
Non-Member	**$225**	**$250**
Spouse	**$105**	**$105**

Please indicate CER (not for spouse tour registrant) or the appropriate fee for each registrant. Submit payment with this form. Use one page per location.
PLEASE TYPE OR PRINT INFORMATION CLEARLY

1. Registrant (First/Last)

Familiar/Badge Name (If different than above)

☐ Spouse Tour ☐ CER Fee _____

2. Registrant (First/Last)

Familiar/Badge Name (If different than above)

☐ Spouse Tour ☐ CER Fee _____

3. Registrant (First/Last)

Familiar/Badge Name (If different than above)

☐ Spouse Tour ☐ CER Fee _____

4. Registrant (First/Last)

Familiar/Badge Name (If different than above)

☐ Spouse Tour ☐ CER Fee _____

5. Registrant (First/Last)

Familiar/Badge Name (If different than above)

☐ Spouse Tour ☐ CER Fee _____

TOTAL AMOUNT ENCLOSED: $ _____

COMPANY CONTACT

COMPANY

ADDRESS

CITY STATE ZIP

PHONE FAX

EMAIL WEB SITE

PAYMENT INFORMATION:

☐ Check enclosed (Payable to WTCA)

☐ Charge my: ☐ American Express ☐ Mastercard ☐ Visa

Card No.: _____

Exp. Date: _____

Cardholder: _____

Signature: _____

Note: Badges are non-transferable. If the Committee determines name badges have been improperly used, the applicable registration fee will be assessed plus a $150 penalty and/or the attendee asked to leave the conference.

PLEASE RETURN FORM TO:

IDEAS

To Build On

BCMC
ONE WTCA CENTER
6300 Enterprise Lane
Madison, WI 53719
608/274-4849
608/274-3329 fax
www.bcmcshow.com