



BCMC 2019

OCTOBER 22-25

COLUMBUS, OH

REGISTRATION & FEE DESCRIPTION

JOIN TODAY & SAVE ON REGISTRATION

Non-members who qualify as Component Manufacturer Members can complete a membership application and pay applicable dues along with their BCMC registration to deduct their first registration fee – a maximum savings of \$195.

Building and fire officials as well as architects and engineers (specifiers) qualify for the Component Manufacturer Member rate.

Full Registration: Includes admission to all educational programs, closing celebration, breakfast events, and all days of the tradeshow.

Day Pass Options: Admission to all activities on one day.

COMPONENT MANUFACTURER MEMBERS

	Thru 8/25/19	After 8/25/19	After 10/1/19
Full Registration:	\$195	\$235	\$275
Spouse Registration:	\$0	\$0	\$0
Day Pass (Wed or Thurs) Registration:	\$180	\$210	\$250
Exhibit Pass (Thurs 1 - 5:30p)*:	\$30	\$40	\$50

*Available to SBCA members only who have purchased at least one full registration at their location.

COMPONENT MANUFACTURER NON-MEMBERS

	Thru 8/25/19	After 8/25/19	After 10/1/19
Full Registration:	\$600	\$630	\$660
Spouse Registration:	\$150	\$150	\$150
Day Pass (Wed or Thurs) Registration:	\$575	\$600	\$635

ASSOCIATE SUPPLIER/PROFESSIONAL

Each Member Registration: \$815

Each Non-Member Registration: \$1,150

ADDITIONAL EVENTS

	Thru 8/25/19	After 8/25/19	After 10/1/19
Bike Ride:	\$25	\$35	\$45
5K Run/Walk:	\$25	\$35	\$45
Topgolf:	\$100	\$110	\$125
Amazon Tours:	\$0	\$0	\$0

Spouse Tour: \$55 Member, Included with Non-Member Registration

Lean Workshop: \$100 Member, \$250 Non-Member

QUESTIONS? Contact BCMC at 608-274-4849 or info@bcmcshow.com, or visit bcmcshow.com.

CANCELLATION POLICY: Cancellations must be postmarked by August 25, 2019, and will entitle registrants to a partial refund; \$75 of each registration fee is nonrefundable. No refunds will be issued after August 25, 2019.



BCMC 2019

OCTOBER 22-25

COLUMBUS, OH

ADVANCED REGISTRATION

RETURN COMPLETED FORM WITH PAYMENT TO: SBCA, 6300 Enterprise Ln, Madison, WI 53719 • FAX: 608-274-3329

COMPANY INFORMATION: PLEASE PRINT CLEARLY or register online at bcmcshow.com.

COMPANY NAME _____	TELEPHONE _____	FAX _____
ADDRESS _____	CONTACT PERSON _____	TITLE _____
CITY/STATE/ZIP _____	EMAIL OF CONTACT PERSON _____	

PAYMENT INFORMATION: CHECK ENCLOSED (PAYABLE TO SBCA) CREDIT CARD

CREDIT CARD NUMBER _____	EXP. DATE _____	VERIFICATION NUMBER (CVC) _____
CARDHOLDER _____	SIGNATURE _____	
CARDHOLDER BILLING STREET ADDRESS _____	CITY _____	STATE _____ ZIP _____

Tours fill on a first-come, first-served basis, so sign up early! PLEASE PRINT (email address is required for use of mobile app)	REGISTRATION	EVENTS	TOTAL FEE
	CIRCLE ONE	ADD EVENT FEE(S) CIRCLE ALL THAT APPLY	
1. _____ FIRST LAST CELL PHONE _____ EMAIL TITLE	Full Reg Wed Thurs Spouse	Topgolf (M) 5K Run/Walk (Th) Bike (Tu) Spouse Tour (Th) Amazon (Tu) Amazon (F) Lean (Tu)	\$ _____
2. _____ FIRST LAST CELL PHONE _____ EMAIL TITLE	Full Reg Wed Thurs Spouse	Topgolf (M) 5K Run/Walk (Th) Bike (Tu) Spouse Tour (Th) Amazon (Tu) Amazon (F) Lean (Tu)	\$ _____
3. _____ FIRST LAST CELL PHONE _____ EMAIL TITLE	Full Reg Wed Thurs Spouse	Topgolf (M) 5K Run/Walk (Th) Bike (Tu) Spouse Tour (Th) Amazon (Tu) Amazon (F) Lean (Tu)	\$ _____
4. _____ FIRST LAST CELL PHONE _____ EMAIL TITLE	Full Reg Wed Thurs Spouse	Topgolf (M) 5K Run/Walk (Th) Bike (Tu) Spouse Tour (Th) Amazon (Tu) Amazon (F) Lean (Tu)	\$ _____
5. _____ FIRST LAST CELL PHONE _____ EMAIL TITLE	Full Reg Wed Thurs Spouse	Topgolf (M) 5K Run/Walk (Th) Bike (Tu) Spouse Tour (Th) Amazon (Tu) Amazon (F) Lean (Tu)	\$ _____

- If attendees work at different locations, or if registering more than five attendees, please photocopy this form and use a separate sheet for each location.
- Subtract \$195 if you are now joining SBCA as a regular member. (Completed application and annual dues must accompany this registration form.)
- Changes to registration orders must be submitted in writing, in the form of mail, fax, or email.
- After Friday 10/18/19, please register on-site.

- Check here if this is a change to a previous registration for BCMC 2019.
- Our company does not wish to receive emails from BCMC 2019 exhibitors regarding special promotions, events and so forth.

Patrons with disabilities should notify BCMC Staff at least two weeks prior to the show so that reasonable accommodations can be made.

Emerging Leader Scholarship Fund \$ _____
SBCA MEMBERSHIP DUES \$ _____ (if applicable)
New Member Discount \$ _____ (subtract \$195 if applicable)
TOTAL \$ _____

PLEASE NOTE: BCMC will not be responsible for guests choosing accommodations outside the official room block. For more information, visit <http://www.bcmcshow.com/hotelstravel>