



2009 FALL MANAGEMENT CONFERENCE

Exhibitor Credit Card Form

Company Information (*required fields)

*Company Name: _____

*Company Contact: _____

*Company Address: _____

*City: _____ State: _____ Zip: _____

*Phone: _____ Fax: _____

Web Address: _____ *E-mail: _____

*Type of Service/Product: _____

Electricity: We do _____ do not _____ require electricity

NOTE: There will be a \$20 service charge for Electric Service. The service charge is paid directly to Dover Downs. The form will be forwarded to you if you require electricity.

Door Prize: _____ Yes, we will donate a door prize.

Company representatives: Please complete the following information for company attendees.

Two registrants are included with your exhibit registration fee.

1) Name: _____ Email: _____

2) Name: _____ Email: _____

Additional Staff @ \$75 per person: (maximum additional staff = 2)

3) Name: _____ Email: _____

4) Name: _____ Email: _____

___ Early Bird **Assoc Member** fee @ \$600.00 per table
Must be paid by September 1, 2009
___ **Associate Member** Fee @ \$700.00 per table
after September 1, 2009

___ Early Bird **Exhibitor** fee @ \$800.00 per table
Must be paid by September 1, 2009
___ **Exhibitor** Fee @ \$900.00 per table
after September 1, 2009

\$_____ **Total Payment Enclosed**
(All fees must be paid in full to complete reservation.)

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___ I would like to pay by check
Please make check payable to: Penn-Del AHMA
Mail to: PO Box 44, Riverton, NJ 08077

___ I would like to pay by Visa/MasterCard or Discover
Name on Card _____
Credit Card # _____
Expiration Date _____ Amount to Charge \$ _____
Signature _____