

The 2nd Annual National Veterans Small Business Conference



June 26 – 29, 2006

Caesars Palace Hotel
Las Vegas, Nevada

Schedule: Exhibitor Move-In: Monday, June 26, 2006 8:00 a.m. – 4:00 p.m.
 Exhibitor Move-Out: Thursday, June 29, 2006 1:30 p.m. – 7:00 p.m.

REGISTRATION FORM

(Or register on-line at: www.exhibitorsveteranconference.com)

EXHIBITOR REGISTRATION INSTRUCTIONS: Registration fees must be paid in full and included with this form.

Registration fees are non-refundable. Please note: If you intend to exhibit at the conference, you must also register separately as a conference attendee and pay the conference registration fee of \$275.00 in addition to registering and paying the fee to exhibit.

Complete the registration form and fax with your payment today! Please print or type. This registration form, when executed by both parties, shall constitute a binding agreement/contract. Payment is required in full to reserve space.

CATEGORY OF EXHIBITOR:

Veteran

Non-Veteran

Owner's Full Name: _____
Branch of Service: _____
Years of Service (e.g. 1965-1977) _____

If Veteran owned, please provide the following information:
DUNS #: _____
GSA #: _____

VETERAN EXHIBITOR

- Veteran Platinum Exhibitor** **\$2,500.00**
16'x10' piped and draped booth with 6-foot skirted table, two chairs, wastebasket and electric
- Veteran Gold Exhibitor** **\$1,000.00**
8'x10' piped and draped booth with 6-foot skirted table, two chairs, wastebasket and electric
- Veteran Silver Exhibitor** **\$ 200.00**
6-foot skirted table, two chairs, and wastebasket
(NOTE: Display area is table top only)

NON-VETERAN EXHIBITOR

- Non-Veteran Platinum Exhibitor** **\$10,000.00**
16'x10' piped and draped booth with 6-foot skirted table, two chairs, wastebasket and electric
- Non-Veteran Gold Exhibitor** **\$ 5,000.00**
8'x10' piped and draped booth with 6-foot skirted table, two chairs, wastebasket and electric
- Non-Veteran Silver Exhibitor** **\$ 1,000.00**
6-foot skirted table, two chairs, and wastebasket
(NOTE: Display area is table top only)

BUSINESS OR AGENCY: _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

COUNTRY: _____

PHONE: _____ FAX: _____

COMPANY WEBSITE URL: _____

CONTACT (the person who will receive exhibitor manuals and other show materials)

Name _____ Phone _____ Email _____

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COMPANY PRODUCT OR SERVICE DESCRIPTION: (Limit 250 characters – 20 words) _____

BOOTH PERSONNEL:

Emergency Contact: _____ **Cell Phone:** _____

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

First Name: _____ Last Name: _____ Email: _____

CERTIFICATIONS (check all that apply):

- | | | |
|---|---|---|
| <input type="checkbox"/> Woman Owned | <input type="checkbox"/> SBA 8 (a) | <input type="checkbox"/> Minority Owned |
| <input type="checkbox"/> Veteran Owned | <input type="checkbox"/> HUBZone | <input type="checkbox"/> Small Business |
| <input type="checkbox"/> Service Disabled Veteran | <input type="checkbox"/> Large Business | <input type="checkbox"/> Small Disadvantaged Business (SDB) |
| <input type="checkbox"/> Federal Government | <input type="checkbox"/> State Government | <input type="checkbox"/> Local Government |

TYPE OF BUSINESS (check all that apply):

- | | | |
|---|---|--|
| <input type="checkbox"/> Design & Engineering | <input type="checkbox"/> Cost Estimating | <input type="checkbox"/> Graphic & Publication Support |
| <input type="checkbox"/> Real Estate | <input type="checkbox"/> Security | <input type="checkbox"/> Project/Construction Management |
| <input type="checkbox"/> Facility Management | <input type="checkbox"/> Information Technology | <input type="checkbox"/> Safety/Health/Environment |
| <input type="checkbox"/> Other Service: _____ | | |

PAYMENT: Enter total payment due in box below. Payment must be enclosed. Requests on this form cannot be processed without credit card information.

EXHIBITOR REGISTRATION:

Registration(s) \$ _____

TOTAL DUE: \$ _____

Signature: _____

PAYMENT INFORMATION:

Visa MasterCard American Express

Credit Card Number: _____

Exp. Date: _____

Date: _____

FAX OR EMAIL COMPLETED REGISTRATION FORM TO:

EXPO REGISTRAR, THE 2ND ANNUAL NATIONAL VETERANS SMALL BUSINESS CONFERENCE

QUALITY SUPPORT, INC.

301.459.6580 (fax) ★ 301.459.3777 (voice)

expo@qualitysupport.com