

ABA'S MARKETPLACE REGISTRATION FORM

January 10-14, 2020 | Omaha, Neb.



SPONSOR REGISTRATION

| | | | | |
|--|---|----------------|-----------------|---------|
| DELEGATE PERSONAL INFORMATION | | | | |
| | First Name | Last Name | | |
| | Title | Company | | |
| | Mailing Address | | | |
| | City | State/Province | Zip/Postal Code | Country |
| | Phone | Fax | | |
| | Email | | | |
| | Special Needs/Special Badge/Dietary Request (Diabetic, Kosher, No Gluten, No Nuts, No Shellfish, Vegetarian Only) | | | |
| <input type="checkbox"/> Please check here if this is your first time attending ABA's Marketplace. | | | | |

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|--|---|--|--|---|
| REGISTRATION OPTIONS | Sponsors wanting to bring extra delegates to work their booth and/or entertainers for their booths will be charged the rates below. These registrations are subject to ABA approval. | | | |
| | <input type="checkbox"/> \$0: Principal and Champion Level Entertainer Pass for Day of Sponsored Meal Event. If additional days of registration are needed the cost will be the rates below. No access to the Business Floor | | | |
| | <input type="checkbox"/> Saturday, Jan. 11 | <input type="checkbox"/> Sunday, Jan. 12 | <input type="checkbox"/> Monday, Jan. 13 | <input type="checkbox"/> Tuesday, Jan. 14 |
| | <input type="checkbox"/> \$250 Per Day: Member - No access to the Business Floor | | | |
| | <input type="checkbox"/> Saturday, Jan. 11 | <input type="checkbox"/> Sunday, Jan. 12 | <input type="checkbox"/> Monday, Jan. 13 | <input type="checkbox"/> Tuesday, Jan. 14 |
| | <input type="checkbox"/> \$350 Per Day: Non Member - No access to the Business Floor | | | |
| | <input type="checkbox"/> Saturday, Jan. 11 | <input type="checkbox"/> Sunday, Jan. 12 | <input type="checkbox"/> Monday, Jan. 13 | <input type="checkbox"/> Tuesday, Jan. 14 |
| | <input type="checkbox"/> \$825 Full-week: Member Only - No access to the Business Floor | | | |
| <input type="checkbox"/> \$50 Optional Activity: ABA Foundation Afterglow Fundraiser Jan. 13 9:30 PM – 12:30 AM | | | | |

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|---------------------|---|---|---|--|
| PAYMENT INFORMATION | Payments are in US Dollars. | | | |
| | Registration Fee | | \$ | |
| | Optional Activities Fee | | \$ | |
| | TOTAL FEE | | \$ | |
| | <input type="checkbox"/> Credit Card | <input type="checkbox"/> Check Enclosed | <input type="checkbox"/> Please Invoice | <input type="checkbox"/> No Payment Required |
| | <input type="checkbox"/> American Express | <input type="checkbox"/> MasterCard | <input type="checkbox"/> Visa | <input type="checkbox"/> Discover Card |
| | Card Number: | | Expiration Date: | |
| | Name on Card: | | Cardholder Signature: | |

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|------------|---|
| SUBMISSION | EMAIL: meetingsdept@buses.org |
| | FAX: 202-842-0850 |
| | PHONE: 800-283-2877 |
| | WEB: www.buses.org/marketplace |

I am agreeing to the terms and conditions available on the reverse and at www.buses.org.