



Exhibitor Registration Form



39th Annual SW-ASSE Professional Development Conference
Safety & Compliance- What To Do?

February 6, 2011 – 8:00 a.m. – 5:00 p.m.
Texas Scottish Rite Hospital
2222 Welborn Street, Dallas, Texas

Exhibitor Information (please print or type)

Name & Company	
Billing address	
City	
State	
ZIP Code	
Telephone	
E-Mail	
Type of Business	
Additional Exhibitor Registrants Attending PDC	
Additional Name:	
Additional Name:	
Electrical Needs?	If yes, please specify:

Electrical power cords & strips are the exhibitor's responsibility. Only approved power cords or power strips are to be used.

Payment Information

\$150 for 9' x 6' space

I have door prizes available for distribution.

Number of Spaces Desired: _____

I am paying the Exhibitor fee in the form of:

____ check please, make checks payable to: **SW ASSE**

____ credit card

Credit card type			
Credit card number			
Expiration date/ 3-4 digit security code			
Authorized signature			

[Signature not needed if registering by e-mail]

Submit Registration

E-Mail: To register by email, complete this form and then attach completed form and email to: pd2012@sw-asse.org

Fax: To register by fax, complete this form and fax to **469-467-8631**

Mail: To register by mail, complete this form and mail to the following address:

Southwest Chapter ASSE
6505 W. Park Blvd., Ste. 306, PMB-115
Plano, TX 75093