



33<sup>rd</sup> Annual SAVMI Conference & Trade Show  
 Two Rivers Convention Center  
 Grand Junction, Colorado  
 May 14-17, 2018

## On-Site Exhibitor Personnel Registration Form

**Two** complimentary trade show only registrations are included with each **exhibit space registration**. (One complimentary trade show only registration is included with each briefcase registration.) **Please include this form with your Exhibitor Contract.**

Company Name: \_\_\_\_\_  
 Company Rep: \_\_\_\_\_  
 e-mail: \_\_\_\_\_ Phone: \_\_\_\_\_

**Fees**

**Conference Registration**

Trade Show **Only**                      \$35  
*Included in this registration fee is admittance to the trade show and trade show reception. This is for supplier members who are **not** the two registrants included with the booth, and who will only be attending the trade show and none of the training classes.*

Full Conference                      \$195  
*Included in this registration fee are all training classes & course materials, breakfast (Tues/Wed), lunch (Mon/Tues), dinner (Mon), two drink coupons, and an official SAVMI t-shirt.*

**Other Events**

Monday Night Barbecue                      \$35  
 Awards Luncheon                      \$35

**Wednesday Activities**

Biking                      Free, but sign up requested  
 Fishing                      Free, but sign up requested  
 Golf                      \$55  
 Trap Shooting                      \$40

**Attendee Information**

	Trade Show Only	Full Conference	Monday Night BBQ	Awards Luncheon	Wednesday Activity <i>Include activity name &amp; fee (see above)</i>	Individual's Total
	\$35	\$195	\$35	\$35		
Name 1 _____ Title _____						
e-mail _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Name 2 _____ Title _____						
e-mail _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Name 3 _____ Title _____						
e-mail _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____
Name 4 _____ Title _____						
e-mail _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

*Duplicate form as needed.*

**Total Personnel Registration Fees \$ \_\_\_\_\_**  
 (Enter this amount in the space provided on the Exhibitor Space Contract)

Please complete this section **only** if this form does not accompany the Exhibit Space Contract.

**Method of Payment**

\_\_\_ Check Enclosed    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ AmEx

Card Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Signature: \_\_\_\_\_