

**Additional Exhibit Staff**

**Registration Form**

Each exhibitor is provided complimentary registration for 2 exhibit staff which includes admission to all activities except for the 68<sup>th</sup> Annual IHS Awards & Gala

Please also let us know if we can include your participation in our complimentary activities below.

Company: \_\_\_\_\_

Booth Number: \_\_\_\_\_

**Additional Staff may register at \$200 per representative, on a separate form. Contact Tara Douglass at 734.522.7200 or [exhibitsales@ihsinfo.org](mailto:exhibitsales@ihsinfo.org).**

**Booth Representative #3**

**Booth Representative #4**

<b>First Name</b>		
<b>Last Name</b>		
<b>Company</b>		
<b>Address</b>		
<b>City/State</b>		
<b>Phone</b>		
<b>Email</b>		
<b>Are you an IHS member?</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Please charge me for the following additional activity: →</b>	<input type="checkbox"/> IHS Awards Gala - \$125.00 <input type="checkbox"/> Opening Keynote & Breakfast <input type="checkbox"/> Closing Keynote & Lunch	<input type="checkbox"/> IHS Awards Gala - \$125.00 <input type="checkbox"/> Opening Keynote & Breakfast <input type="checkbox"/> Closing Keynote & Lunch
<b>Please include me for the following complimentary activities: →</b>		

**Credit Card Type:**  Visa  MasterCard  Discover  AMEX

**Name (as it appears on Credit Card)** \_\_\_\_\_

**Card Number** \_\_\_\_\_ **Exp** \_\_\_\_\_ **CVV Code** \_\_\_\_\_

**Card Billing Address** \_\_\_\_\_

**City** \_\_\_\_\_ **State** \_\_\_\_\_ **ZIP** \_\_\_\_\_

**Total \$** \_\_\_\_\_ **Signature** \_\_\_\_\_