



www.educode.us  
#EduCode2018  
EduCode EXPO  
P.O. Box 400067, Las Vegas, NV 89140-0067  
O-702-267-3911, F-702-267-3901

The Orleans Hotel & Casino  
Las Vegas, Nevada

March 19 - 23, 2017



# EXPO REGISTRATION FORM

REGISTRATION DEADLINE — MARCH 5, 2018

\* EDUCODE REGISTRAR - ICC \* · CENTRAL REGIONAL OFFICE · 4051 FLOSSMOOR ROAD · COUNTRY CLUB HILLS · ILLINOIS · 60478 · 1-888-422-7233, EXT. 33818

## COMPANY INFORMATION:

DATES BOOTH SPACE NEEDED: \_\_\_\_\_ To \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIPCODE: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ FAX: \_\_\_\_\_

E-MAIL: \_\_\_\_\_

PRODUCTS OR SERVICES TO BE DISPLAYED: \_\_\_\_\_

NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
(Provide the name of the individual who will receive all correspondence regarding set-up and "on-site" information. This person is also responsible for forwarding all EXPO guidelines to "on-site" personnel.)

ADDITIONAL ATTENDEE: \_\_\_\_\_ TITLE: \_\_\_\_\_

ADDITIONAL ATTENDEE: \_\_\_\_\_ TITLE: \_\_\_\_\_

## EXPO BOOTH/SPACE ORDER REQUEST:

\* INTERNET CONNECTION AVAILABLE UPON REQUEST – CONTACT EDUCODE

NUMBER OF EXHIBIT DAYS: \_\_\_\_\_ BOOTH/SPACE LOCATION: 1<sup>st</sup> CHOICE: \_\_\_\_\_ 2<sup>nd</sup> CHOICE: \_\_\_\_\_  
(Enter number here and check box below) (See EXPO Layout on website at—[www.educode.us](http://www.educode.us))

ELECTRICAL OUTLET REQUIRED:  ELECTRICAL OUTLET FEE: # of Days: \_\_\_\_\_ @ \$ 25.00/Day: \_\_\_\_\_  
(Enter number here and check box below)

## EXHIBIT BOOTH/SPACE DESCRIPTION:

Each exhibit booth/space is provided with carpet, 8' skirted table, 2 chairs, a 30" X 72" color banner (mounted above each booth) and EXPO exhibitor name badge. Two (2) lunch meal tickets will be provided for each registered day. Other exhibit space furnishings or needs are available at additional cost and must be pre-paid. Please contact EduCode for availability and costs. Booth/space assignments are made on a "first-come first-serve" basis. Registration for booth/space will not be processed prior to completion of this exhibit/space registration form and payment.

### Exhibit Space Payment

Exhibit Days	Power
<input type="checkbox"/> One Day — \$ 500.00	<input type="checkbox"/> \$ 25.00
<input type="checkbox"/> Two Day — \$ 900.00	<input type="checkbox"/> \$ 50.00
<input type="checkbox"/> Three Day \$ 1,200.00	<input type="checkbox"/> \$ 75.00
<input type="checkbox"/> Four Day — \$ 1,500.00	<input type="checkbox"/> \$ 100.00
<input type="checkbox"/> Five Day — \$ 1,500.00	<input type="checkbox"/> \$ 125.00

Sub-Totals: \$ \_\_\_\_\_ \$ \_\_\_\_\_  
# days # days

Additional Purchase Request: \$ \_\_\_\_\_

(Purchase Description)  
Additional Purchase Request: \$ \_\_\_\_\_

(Request Description)  
Total Payment Requirements: \$ \_\_\_\_\_

### Method of Payment

Check

\* ATTACH CHECK TO FORM & MAIL TO EDUCODE REGISTRAR, ICC

VISA  MASTERCARD  
 DISCOVER  AMERICAN EXPRESS

\* FAX FORM TO (708) 799-2651 OR E-MAIL TO [jfranklin@iccsafe.org](mailto:jfranklin@iccsafe.org)

Name — (as it appears on card) \_\_\_\_\_

Address \_\_\_\_\_

Phone \_\_\_\_\_

Credit Card # \_\_\_\_\_

Signature \_\_\_\_\_

Exp. date

CVV Code

OFFICIAL EXPO  
USE ONLY:

ADDITIONAL REQUESTS: \_\_\_\_\_

POWER  NUMBER OF DAYS: \_\_\_\_\_

BOOTH ASSIGNMENT: \_\_\_\_\_

TOTAL # OF EXHIBIT DAYS: \_\_\_\_\_

START DATE \_\_\_\_\_

Disclaimer: All sales are final, no refunds will be issued.

\* PLEASE \* · E-MAIL A COPY OF COMPLETED FORM TO: [joel.ritchie@cityofhenderson.com](mailto:joel.ritchie@cityofhenderson.com) · \*ADDITIONAL QUESTIONS\* · CALL JOEL RITCHIE (702) 591-4406